TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, should be detached for use as the bunal-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours oftowith the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

deoth. Poge 4 moy be

within 24 hours ofter

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that the

OR ATTENDING PHYSICIAN The low

TO HOSPITAL

etoined by the haspital ar offending physician.

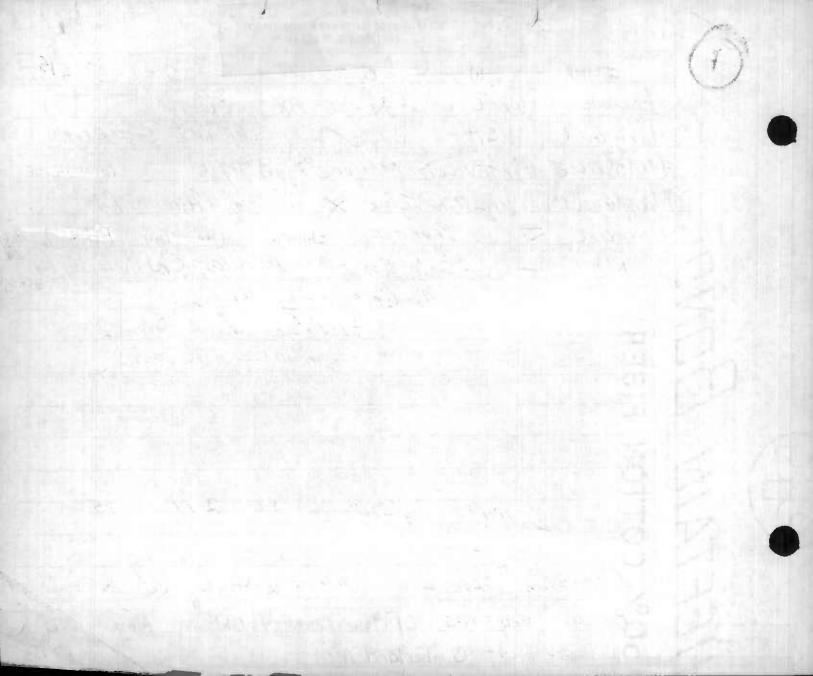
| | FOR |
|---|-----------|
| - | STATE |
| | REGISTRAR |

STATE OF MARYLAND

| | - STATE REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
|---------------|---|---|--|--|---|
| (TYPE | ECEASED NAME FIRST | MIDDLE . | ABE | 20. DATE OF DEATH MONTH | -85 6 HOVE |
| 3. SE | Penale | White | 5. DATE OF BIRTH | 6. AGE I KEARSTAST BIRTHDAY) YRS | FUNDER LYEAR IF UNDER 24 HR |
| 70 B | Paryland | U.S. HAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | PRINCE G | OF DEATH CORCES |
| 4 | YATS/ILLE | PATOVICE | MANOR-RUCK | TION I OF WORKING LIF | 126 KIND OF BUSINESS OF INDUSTRY OWN HOME |
| 19 | STATE 134 QUO TILLO | 131, GITY OR TOW | 13d INSIDE CITY LIMITS? | 130 STREET ADDRESS, Ph. | Rd2074 |
| 1 | nichael J | PIPE PIPE | 15. MOTHER'S MAIDEN NA Elmira | (HAmilton) | C+ LANDA! La |
| | WAS DECEASED EVER IN U.S. ARME (YES, NO ORUNKHOWN) (IF YES, GIVE W | var or dates) 232-10 | -Son Sheed | ough, RNB | horkenle, Red |
| | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE | BY. | diones proton | arrest | APPROXIMATE INTERVENCE BETWEEN ONSET AND BEAT |
| | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE | Ischene | head Dis | - De |
| N O | PART 2. OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING TO E | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION GIV | EN IN PART 1 a |
| CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | IN CERTIF | , WERE FINDINGS USED YING CAUSES OF DEATH? |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. | 21c. HOW INJURY OCCURI | RED (ENTER NATURE OF INJURY IN ITEM IB P | ART 1 OR PART 2) |
| MEDICAL | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. | ARM ETC.) 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | 22a certify that (1) (this hospital) saw the deceased alive above, (1) (we) (did) (1) | 7 3//30/ | 20/0 19 8 , and that in (my) (our) opinion | death occurred on the date and hou | |
| | 22b. SIGNATURE | | DEGREE ATTENDING PHÝSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 22t. DATE SIGNED |
| | ABRAMBHM | PASELA | 22e ADDRESS 4404 Q | years by Rd. | Roverdly |
| | (SPECIFY) Burial | 236. DATE 236 N Feb. 5, 1985 (| lame of cemetery or crematory old town Cemetery | 23d LOCATION AL | COUNTY POSTATE. |
| 24 FL | UNERAL DIRECTOR | / ADDRESS | 25a DAT | E REC D BY REGISTRAR 256 REGISTI | RAB'S SIGNATURE NO |

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20. DATE OF DEATH MONTH 2h HOUR I. DECEASED NAME TYPE OR PRINTE 7:30A Margaret Abell February 5 1985 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 2 DAY White 1914 Female JASNI 71 To. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington DC USA Prince George's DIVORCED [WIDOWED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 12g. USUAL OCCUPATION Prince George's Hospital Cheverly Medical Clerk Dept Commer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20746 13b. COUNTY Suitland 130 STREET ADDRESS / ZIP CODE 2074 4414 Ridgecrest Drive 13d INSIDE CITY LIMITS? Maryland PG 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John Fuller Marquerite Bolger 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 578-01-1402 Rita Gray Same as #13 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO, OR AS CONSEQUENCE OF Conditions, if any, which

gove rise to immediate cause lal, stating the DUE TO, OR AS A CONSEQUENCE O underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICAT

190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDIC ALEXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET

NO NOF YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2)

CITY OF TOWN

27s.1 certify that (1) (this haspital) attended the electused from sow the deceased alive on the first and after death above, (f) (was taken in in a first and a first an and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

DEGREE

22d. PHYSICIAN'S NAME TTYPE OF PRINTE

8Feb1985

22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Barry Rosenberg M.D.

6501 Landover Rd. Cheverly, Md 20785 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION

Burial 24 FUNERAL DIRECTOR

375. STGMATURE

FOR

Suitland, Md.

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Suitland Washington National

Md

COUNTY

Robert E. Wilhelm Funeral Home

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE

| 10- | 1 - | FOR STATE REGISTRAR | | DEP | ARTMENT OF | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 5 | 0. | 5 8 7 | 1 5 |
|---|---------------|---|-------------------------------------|-------------------------|---------------------|---|-------------------------------------|----------------|--------------------------------|---------------|
| 700 | | CEASED NAME FIRST | | MIDDLE | 100 | AST | 20 DATE OF DEATH | MONTH DAY | YEAR 76 H | IOUR_ |
| o po po | 2 65 | MABE | 4. RACE | Λ, | A DE | W& HEIN | 6. AGE FIN YEARS LAST BIR | though the | 1/03/0 | DER 2WHRS |
| 75 | 3. SE | | | | MONT | | | MON | NTHS DAYS HOUR | |
| 00 mg | 7a. Bi | Female RTHPLACE (STATE OR FOREIGN | White | | ITRY? 8 | | 9 BALTIMORE CITY C | R COUNTY O | FDEATH | |
| deoth. Page | . 10 | shington. D.C. | | | WIDOW | D NEVER MARRIED DIVORCED | PRINCE | GE | ORGE | 2 MD |
| 11 977 | | TY OR TOWN OF DEATH | 11. NAME OF | | URSING HOME | OR OTHER INSTITUTION | 17a. USUAL OCCUPAT | | 176 KIND OF BUS | INESS OR |
| 100 | C | LINTON | Sout | hern | 1 wg | HOSPITAL | Beauticia | | Hair Sal | on |
| MARYLAND 2120 A fithing 24 fg. ampletely filled in b. and 2 should be in | 13a. S | ALRESIDENCE (IF NURSING HOME STATE 13 CO | _ | 134. CITY OR Suitl | | | 13e STREET ADDRESS . 25h1 Fairh: | | 20746 | |
| WILL STATE OF | 14. F/ | THER'S NAME | WIDDLE | LAS | | 15. MOTHER'S MAIDEN NAM | | | IAST | |
| | | Charles | J. | Bar | rett | Mabel | Α. | | Weigert | |
| BAXTIMORE, core be executed to be executed to be executed to be executed to be a second to be a second to the medical or the original or the | | VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES, | ARMED FORCES? GIVE WAR OR DATES) | 219-05 | SECURITY NO. | Esther Guerra | ant 5615 Wo | | Dr. oxon | 45 Hillma. |
| NG PH SICKATA! The low requires that the defath certificate attending physician. After this certificate has been signed by the attending phy as the burial-transit permit. Then please remove carbonpage th and Mental Hygiene prior to burial, cremation, or removal arked or term any injury, or other traumatic event arked or term any injury, or other traumatic event | NO | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, C (b)_ DUE TO, C (c)_ | OR AS A CONS | SEQUENCE OF | Brum Cur | INAL DISEASE OR CON | DITION GIVEN | APPROXIMATE II BETWEEN ONSET. | |
| L RECOR | CERTIFICATION | 198 DATE OF OPERATION | 196 CONE |)ITION FOR W | HICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | WERE FINDINGS UNG CAUSES OF DI | |
| 1 OF VITA SEARCH THE SEARCH | | 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER, NOTHY MEDICAL EXAM) | DEATH HOUR A | OF INJURY A.M. MONTH | H DAY YEAR | 21c. HOW INJURY OCCURR | R | | | |
| DIVISION C DING PH Sid or afterding After this cer e as the burial oith and Menti | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 71e. PLACE | OF INJURY | OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| R ATTENDIN hospital or of RECTOR, Aff RECTOR, aff red far use as ppt of Health fem 21 is married. | | 22a. certify that (I) (this had saw the deceased alive above, (I) (wertdid) (did | on J | 112 | 0 -0 | nd that (my) (aux) apinian | death occurred an the d | ate and hour a | | (I) (We) last |
| AL OR AL OR AL DIRECTOR DEPOSITS DEPOSITS DEPOSITS DEPOSITS DEPOSITS OF THE PROPERTY OF THE PR | | 226 SIGNATURE OM - 226 PHYSICIAN'S NAME (TVI | ella | 16 | | ATTENDING PHYSICIAN 220 ADDRESS | MEDICAL STA | | 271. DATE SIGN | b5 |
| O HOSPITAL eroined by the TO FUNERAL should be det with the State | | R. NEDZI | BALA | | | 11701 LIVIN | gston Rd. | , Ff. W | Ashing | low, mi |
| BP | 23a. | BURIAL, CREMATION, REMOV SPECIFY) Burial | 2015 | - 85 | | emetery or crematory on Nat'l. Cem | 23d LOCATION CITY OR TOWN Arlingto | | COUNTY | Va. |
| DHMH - T6 50M 4/83 | | UNERAL DIRECTOR | | | DRESS | 20745 Z50 DAT | E REC'D. BY REGISTRAR | | R'S SIGNATURE | |
| (VRA 15, 4) | Ka | las F.H. 616 | O Oxon H | ill Rd. | Oxon H | ill Md FEB | 1 5 1985 | ليبليد البرما | my-handel | 20 : |

note pict miloters and the continue of the continue of the last . . . The Compile de moon Atth, at.

completely filled in by the funeral director, page 3 to ond 2 should be filed within 72 hours often death

FOR = STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NE S

5 8 / 6

| | REGISTRAR | | CERTIFIC | ALE OF DEATH | REG. NO. | | | | |
|---------|---|---|------------|---|--|---|--------------------------------|--|--|
| A carlo | I DECEASED NAME FIRST (TYPE OR PRINT) ROSE | Brady | LAST | Adams | Peb. 19, | | 26 HOUR | | |
| 100 | Female Female | White | 5. DATE OF | 25 ^{PAY} 191 ^V 3 ^R | 6 AGE (IN YEARS LAST BIRTHDAY) 71 | MONIHS DAYS | HOURS MIN. | | |
| 1 | 70 BIRTHPLACE (STATE ORFOREIGN Washington D.C. | U.S.A. | WIDOWED | | Prince Georg | У МГ | | | |
|) | Upper Marlboro | 11. NAME OF HOSPITAL, NURS 4701 Mimsey Roa | id | OTHER INSTITUTION | 126 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Retired Clerk Safeway | | | | |
| 7 | Maryland 136 COUNTY P. C | NOTHER INSTITUTION GIVE RESIDENCE BEFORE NOTY PROPER MA | wh bord | de Inside City Limits? | 4701 Mimsey F | CODE 20772 | | | |
| Ì | Unknown | MIDDLE LAST | | Rebecca | WIDDLE | Unkno | ywn | | |
| | 160 WAS DECEASED EVER IN U.S. AR | the war or dates) 166 SOCIAL SEC 578-26- | | INFORMANT Edward W. Ad | ams, Jr. Same | as 13e | | | |
| | PART I. DEATH WAS CAUSE | nly ane cause per line for (a), (b), on D BY TE CAUSE (a) | my 14 | Links. | | APPROXIM BETWEEN ON | ATE INTERVAL NSET AND DEATH | | |
| | Conditions, if any, which gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ | vyene | (Minn | left lung | Y | lan | | |
| | PART 2 OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTING TO | | DT RELATED TO THE TERM | INAL DISEASE OR CONDITION | N GIVEN IN PART Ita | | | |
| | 190 DATE OF OPERATION AND YELLOW 210, ACCIDENT WAS UNDERLYING | Plevrul ell | 11, mul | Llury | YES NO INC | FYES, WERE FINDING ERTIFYING CAUSES O YES | GS USED OF DEATH? NO | | |
| | OR CONTRIBUTING CAUSE OF DEA | P.M. | DAY YEAR | 16 HOW INJURYOCCURI | RED (ENTER NATURE OF INJURY IN ITE | M 18 PART I OR PART 2) | | | |
| | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE | | II LOCATION STREET | CITY OR TOWN | COUNTY | STATE | | |
| | saw the deceased alive an | nal) attended the deceased from 19. | 50, and 1 | | death accurred an the date and | d hour and from the co | | | |
| | rederiu | M - M | hllm | ATTENDING PHYSICIAN TO | MEDICAL STAFF DIRECTOR PHYSICIAN | 220 DATE ST | 21/8/ | | |
| | Frederic | u H. Wilh | lm | 5807 An | inwolly Roud; | Hartville | , Md | | |
| | 230 BURIAL, CREMATION, REMOVAL | | | ETERY OR CREMATORY | 23d. LOCATION CHY OR TOWN | COUNTY | STATE | | |
| | Burial | 2/22/85 F | t. Linco | 1n Cemetery | Brentwood | | ryland | | |
| 1 | Franciske Gasch's S | ons Funeral Hom | e, P.A. | ZSa DAT | E REC'D. BY REGISTRAR 256. RE | GISTRAR'S SIGNATUR | RE | | |

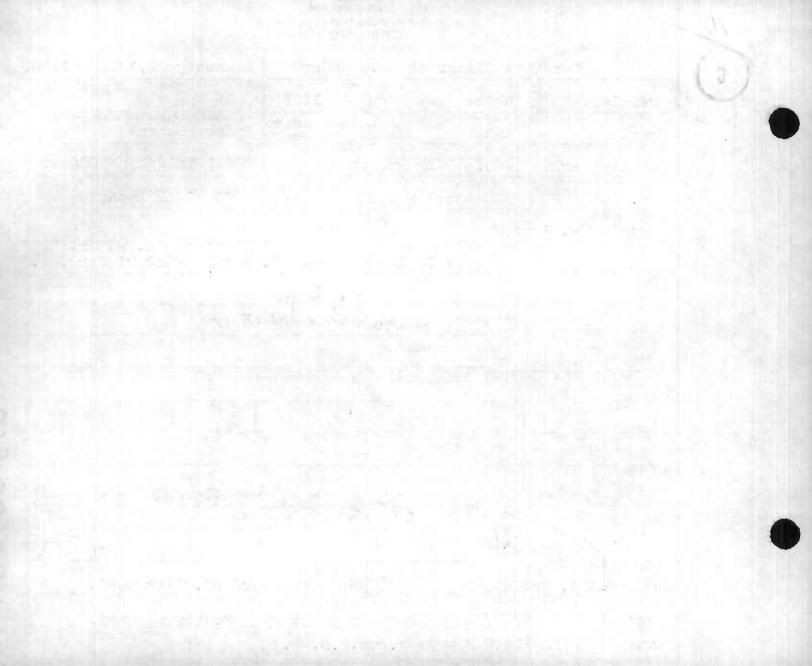
DHMH - 16 60M 7/84 (VRA 15, 4)

4739 Baltimore Ave. Hyattsville, Md. 20781



DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH RECUSTRAN REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 2b HOUR CTYPE CH PRINCE 3:50P Elizabeth February 10,1985 Dorothy Alexander 4. RACE AGE TIN YEARS LAST BIRTHDAY IF UNDER 24 HR May 10 1928 White 56 Female BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 10. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Prince George USA Tenn. WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR 14th Avenue C & P Telephone Editor 8007 Langley Park USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE Langley Parkes K NO 136 COUNTY PG Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Matthew M.Alexander MIDDLE Mary 17 INFORMANT 4221 Sheridams St. University 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 579 38 2410 Frances A. Marsh (Sister) Park, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE 10) Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE 22a | certify that (II this haspital) attended the deceased from and that in (my) (our) pinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 8926 Woodyard Rd. Clinton, Md. David J. Haidak, MD 23d. LOCATION 236 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 2/15/85 Ebenezer Cemetery Hustbury, 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md. FEB



| ESSARY, PLEASE PALI DIRECTOR PALI DIRECTOR HIN 72 HQLIRS NESTON STREET, | 1 DE (TY) | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE DESTRUCTION OF LAST IF UNDER 1 YR. IF UNDER 14 HRS. 70. DATE MONTH DAY YEAR ORDER OF LAST IF UNDER 14 HRS. 71. DATE MONTH DAY YEAR ADDRESS OF LAST BIRTHDAY DAY HOURS MIN. PRONOUNCED DEAD DEAD DEAD DEAD DEAD DEAD DEAD D | -/3 19 85 H DAY YEAR 28. HC -/3 19 85 NTY OF DEATH |
|---|-----------------------|--|---|
| 21201 ANY DELAY IS NEG AND 3 10 THE FUNE RETAIN PAGE 5 FO HOULD BE FILED. WITH | 10. C | DIVORCED Prince George IT NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IT NOT IN SUCH FACILITY, GIVE STREET ADDRESS JAL RESIDENCE (IF IN NUMBER OF HOME AR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMINISTRATION) STATE 138 COUNTY 134 COUNTY 134 COUNTY 135 COUNTY 136 COUNTY 137 COUNTY 137 COUNTY 137 COUNTY 138 COUNTY 138 COUNTY 139 COUNTY | |
| BALTIMORE ND. 21201 IRS AFTER BEATH. IF ANY C 3. GIVE PAGES. 2, AND 3 WITH FORM THE STEPAIN DIVISION OF ALL RECORD DIVISION OF ALL RECORD | J: | FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE AND THE FIRST MIDDLE | ornton |
| RECORDS, 201 W. PRESTON ST., LD BE EXECUTED WITHIN 24 HOUF PRODINGS, IN PEROIL IN ITEM 18, MEDICAL EXAMINER ALONG W. D AS A BURIAL - IRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D., CREMATION, OR REMOVAL. | NO | PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID. | BETWEEN ONSET AND D |
| DIVISION OF VITAL HIS CERTIFICATE SHOU WRITING THE WORD." ARDED TO THE CHIEF ACE 3 SHOULD BE USE ATE DEPARTMENT OF ATE OF THE WORD OF T | MEDICAL CERTIFICATION | 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED INJURY OCCURRED INJURY OCCURRED INJURY OCCURRED 21e PLACE OF INJURY INTERNAL CAUSE WAS WHILE STREET CITY OR TOWN (INTERNAL CAUSE WAS INJURY OCCURRED INJURY OCCURR | 20. AUTOPSY? YES NO PART 2) COUNTY S |
| TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. A PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STANDOWS. MARYLAND, 21 | 226 | 27a | E 1-/3- |
| BP | 24 F | BURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN FURTHER PARK PROPERTY PARK PROCESS. LALAS MINISTER SONS 4925 BURROUGHS HUE, W. F. FFB 1 9 1985 | SSIGNATHRE |

12 0661 1 100 M. P. F. Seet Pleasent x 600 63rd Pl. E. Alley, or. Igaror Thornton BABRA KTy- 6-2574 peraldine Allen-dame as 13 scove

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH IF UNDER I YEAR

October 24,1902

BALTIMORE CITY OR COUNTY OF DEATH

2 -Orange Court 20770

13e.STREET ADDRESS / ZIP CODE

Prince George's County TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife Own Home

HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS Greenbelt Nursing Center

MARRIED NEVER MARRIED

USUAL RESIDENCE (IF NURSING HOME OF OTHER ASSITUTION GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Greenbelt

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

WIDOWED X

15 MOTHER'S MAIDEN NAME Louise

17. INFORMANT

Steinle Address Same as

IF UNDER 24 HRS

Mr. Richard P. Allen

DIVORCED [

No# 13e.

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) arteriasterotiz DUE TO, OR AS A CONSEQUENCE OF

underlying couse lost.

White

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

Schaoffer

166 SOCIAL SECURITY NO

177-10-8000

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

136 COUNTY

P.G.

MIDDLE

B.

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)

200 AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

IN CERTIFYING CAUSES OF DEATH? YES [

CERTIFICATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

Conditions, if ony, which gove rise to immediate couse (a), stoting the

19a DATE OF OPERATION

FOR

- STATE

3 SEX

REGISTRAR

Female

O CITY OR TOWN OF DEATH

TO BIRTHPLACE (STATE OR FOREIGN

DECEASED NAME TYPE OR PRINT

Kentucky

Greenbelt

Maryland

FATHER'S NAME

Lawrence

No

216 TIME OF INJURY PM 21ª PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE FARM ETC.)

HOUR A.M. MONTH DAY YEAR

211 LOCATION STREET

NOK

COUNTY CITY OR TOWN

NOT WHILE 22a I certify the (1) this hospital) attended the deceased from,

ATTENDING

and that in (my (our) pinion death occurred on the date and hour and from the causes stated

226 PHYSICIAN'S NAME (TYPE OR PRINT

Removal

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

STATE

23e. BURIAL, CREMATION, REMOVAL

274 SIGNATUR

23b DATE

THE ANATOMY BORNATORY of Maryland

DEGREE

Y OR TOWN Baltimore Baltimore City Md.

24 FUNERAL DIRECTOR

Feb.11,1985 Gasch's Sons F.H. P.A. Hyattsville, Maryland

· la Davidann-

DHMH - 16 60M 7/84 (VRA 15, 4)

conserved.

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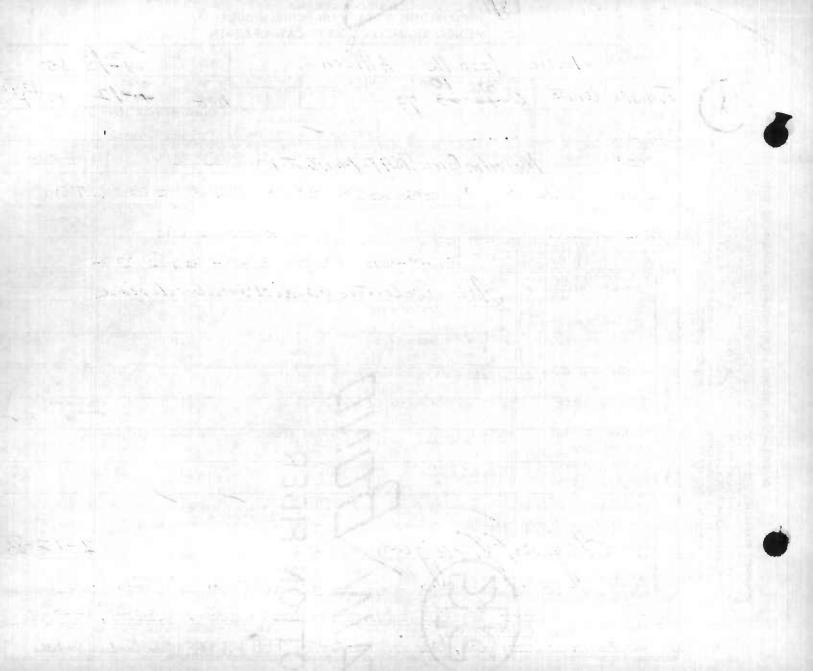
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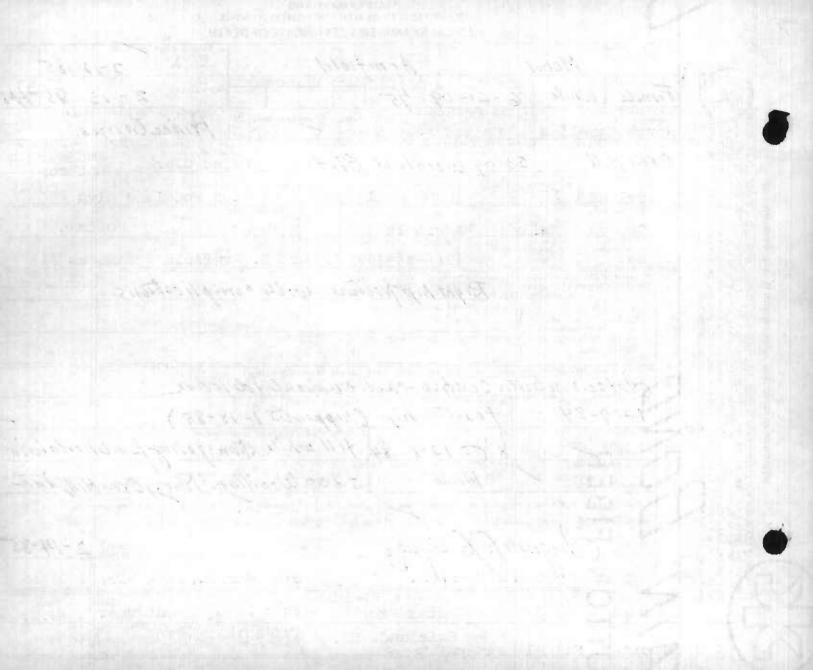
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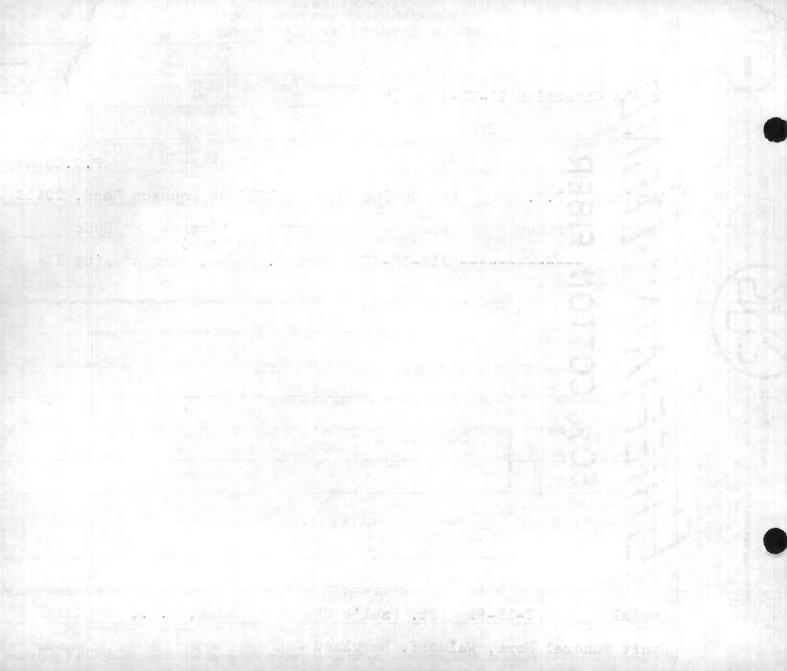
| | CITY | E OR PRINT) | Jossie | 130 | belle/ | Allis | 6n | 20. DATE KNOV OF ESTI DEATH MATE | | 2- YEAR 76 H |
|---|-----------------------|---|---------------------------|-------------------|--|----------------|--|---|------------------|--|
| | 3 SEX | | CE S. | DATE OF BIRTH | 6 AGE | IN YEARS IF UN | NDER 1 YR. IF UNDER | | MONTH | DAY YEAR 24 H |
| 3 | FO | RTHPLACE (STATE OF | 76 | CITIZEN OF WI | HAT COUNTRY? | 8. MARR | IED NEVER MARE | RIED . 9. BALTIMORE C | ITY OR COU | NTY OF DEATH |
| 7 | 10 CI | rginia TYORTOWNOFDE Idrew's US | | AF NOT IN SUCH EA | PITAL, NURSING H | OME, OR OTH | VED DIVORI HER INSTITUTION Mod Claster | Prince 12a USUAL OCCUPATION FOR MOST OF WORKING LIF | | e's k 17b KIND OF BUSINES OR INDUSTRY Homemaker |
|) | USUA | L RESIDENCE (# IN N | JURSING HOME OR O | George | ve residence before add | MISSION) | 138 INSIDE CITY LIMITS? YES NO | 13.6709 Popla | | |
| ł | 14. FA | THER'S NAME | N | MODLE | LAST | Blac | 15. MOTHER'S MAID | EN NAME MIDDLE | | LAST |
| | 16a. V (Y | Drvis Maxf VAS DECEASED EVE ES. NO, OR UNKNOWN) | R IN U.S. ARMEL | FORCES? | 166. SOCIAL SECT | | 17. INFORMANT | | DRESS | * |
| | | 18 CAUSE OF DEA | N/A | ne couse per Me | 578-09-3 | | George F | isher - Same | AS #13 | APPROXIMATE INTERV |
| | TION | lying couse las | ANT CONDITIONS <u>CON</u> | | | | SE DR CONDITION GIVEN IN P | ART 1 to | | |
| | FICA | 190. DATE OF OPER | RATION | 196 CONDI | TION FOR WHICH C | PERATION W | VAS PERFORMED? | | | 2D AUTOPSY? |
| | MEDICAL CERTIFICATION | 210. EXTERNAL CAI UNDERLYING CONTRIBUTING | OR CAUSE OF DEA | TH P.M | MONTH DAY | EAR | | ED (ENTER NATURE OF INJURY IN I | TEM 18 PART 1 OR | YES NO |
| | MED | 218 INJURY OCCU WHILE ON NO AT WORK AT | RRED T WHILE D | | OF INJURY (AT HOW TORY, FARM, ETC.) | | CATION STREET | CITY OR TOWN | | COUNTY \$1 |
| | | 22ª I certify tho deoth resulted fro | | | eribed abave, held o | Suicide | IITLE (SPECIFY) | Undetermined monner | and in my | |
| - | | EXAMINER'S NAMI | Mousto P | . Rodrigue | z. D. | | Deputy | MEDICAL EXAMINER | | E 2-/2- |
| | | | | DATE | | | OR CREMATORY | 123d. LOCATION | | |



STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME KNOWN Y 20. DATE (TYPE OR PRINT) ESTI-DEATH MATED 15/1085 Edna Trene Baden 4. RACE & AGE (IN YEARS I IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 11-27-1900 84yp Caucasian Female DEAD 15/19 85 78 BIRTHPLACE (STATE OR THE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
Maryland MARRIED NEVER MARRIED USA Prince George's County, WIDOWED DIVORCED 2, AND 3 TO THE LINE 3. RETAIN PAGE 1. SHOULD BE FILED. T. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OF VITAL RECORDS, 201 W ID. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY Clinton Southern Maryland Hospital Teacher P.G. County USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Brandywine NOXX16815 Aguasco Road, 20613 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST Hyde Mattie Minerva Baden James 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Daughter) 218-16-0750 Jean M. Baden, Same as line 13 ICAL EXAMINER ALONG WIT A BURIAL-TRANSIT PERMIT. P. H AND MENTAL HYGIENE, DIV MATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Blunt Chest Injury IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MIS I PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? OATE, WRITING THE WOKE FORWARDED TO THE CH OR: PAGE 3 SHOULD BE U YES X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) X OR HOUR A.M. MONTH DAY YEAR UNDERLYING subject passenger in auto/auto collision CONTRIBUTING CAUSE OF DEATH 11:38x 21e PLACE OF INJURY (AT HOME 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DEI BALTIMORE, MARYLANDE, 21201 PI AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) roadway #301, Substation Rd. Waldorf. Chas . . Md Autapsy X 220. I certify that I took charge of the remains described above, held an Inspection death resulted from Hamicide Natural couses Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 2/16/85 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION Maryland (SPECIFY) 2-19-85 St. Paul's Church Baden, P.G., Burial 07/B4 25M BP 24 FUNERAL DIRECTOR **DHMH - 17** Waldorf, Maryland Huntt Funeral Home. Daydson Randell (VR A15 ME (5))



FOR - STATE

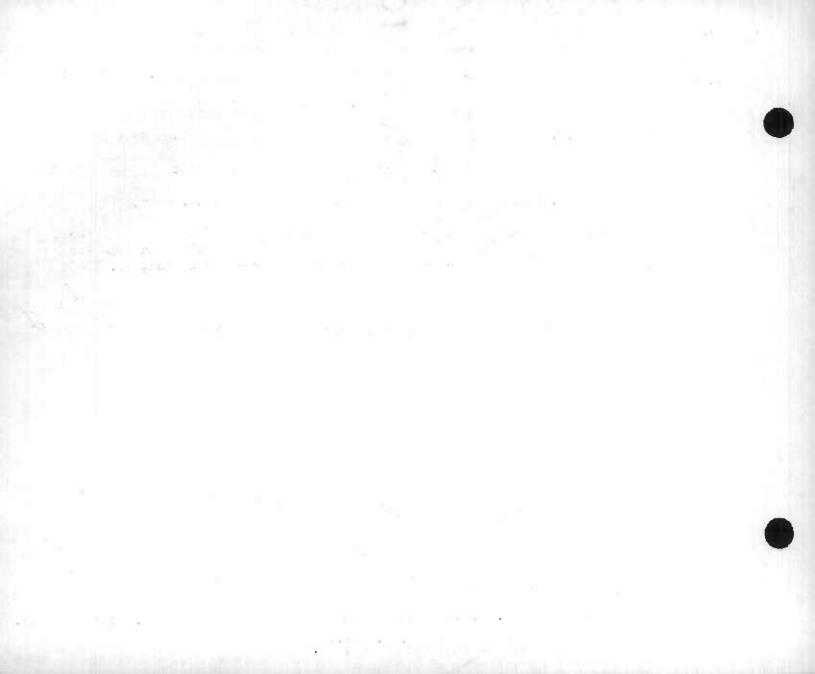
| | 3 | HAI | E UF | M | AKTI | ANU | | 1 |
|--------|------|------|------|----|------|--------|---------|---|
| DEPART | MENT | OF I | HEAL | TH | AND | MENTAL | HYGIENE | w |
| | CEI | RTI | FICA | TE | OF | DEATH | | |

| | REGISTRAR | | | CERTI | TICATE OF DEATH | REG. I | NO. | | |
|----------|--------------------|--------------------------|--|--------------------|------------------------------|----------------------------|-------------------|-------------------------|--------------|
| | 1 DECEASED NAME | FIRST | WIODLE | | LAST | 20. DATE OF DEATH | MONTH OA | AY YEAR 2 | HOUR |
| v 1 | (THE OR PRINT) | LENA | V. | BA | LDERSON | | FEB. 1 | 19852 | :45 A |
|) | 3. SEX | | ACE | | OF BIRTH | 6 AGE (IN YEARS LAST B | | FUNOER TYEAR | F UNDER 24 H |
| / | Femal | e | White | MON! | UG. 4 1917 | 67 | YRS. | JINTHS DAYS | M |
| 1/2 | To BIRTHPLACE (ST | ATE OR FOREIGN 76. | CITIZEN OF WHAT COU | NTRY? 8. | ED NEVER MARRIED | 9. BALTIMORE CITY | | OF DEATH | |
| 4/ | Vashington | , D.C. | USA | WIDOW | | | nce Geo | rges | |
| 2017 | 10 CITY OR TOWN | F DEATH 11. | NAME OF HOSPITAL, N | | OR OTHER INSTITUTION | 12a USUAL OCCUPA | TION | 12b. KIND OF | BUSINESS |
| 10 | lyattsvill | e | 6905 22nd. | | | Presiden | | Walters | Floo |
| 206 | USUAL RESIDENCE | IF NURSING HOME OF OTHE | R INSTITUTION GIVE RESIDENCE 13c. CITY O | | 113d. INSIDE CITY LIMITS? | | | | |
| 00 | Maryland | | rges Hyatts | | YES NO | 6905 22nd. | | 2 | 2078 |
| | 14 FATHER'S NAME | MIDD | | AST | 15. MOTHER'S MAIDEN | | | LAST | |
| S.UK | Willi | am Ada | | ine | Lena | Clin | e | Poo | 1e |
| 3 | | EVER IN U.S. ARMED | | L SECURITY NO. | 17. INFORMANT | | | Oaks Roa | |
| 1/ | N/A | VM) (IF YES, GIVE WA | 218-80 | 0-5469 | Patricia Hov | | | | |
| | 18 CAUSE OF | DEATH (Enter anly as | ne cause per line far (a), | (b), and (c). | | 6 | | APPROXIMA BETWEEN ON | |
| | PART I. DE | ATH WAS CAUSED BY | 63. | and he | milumi | NA | | 7.1 | 11 |
| ier fra | Conditions, it | immediate stating the | DUE TO, OR AS A CON | ISEOUENCE OF | June C | 13 CINVE | 7 | | |
| to a | underlying | cause last. | (c) | | | | | | |
| ury, c | PART 2 OTHE | R SIGNIFICANT CON | DITIONS CONTRIBUTIN | IG TO DEATH BU | T NOT RELATED TO THE TE | RMINAL DISEASE OR CO | VDITION GIVE | N IN PART 1(a) | |
| oux in | NO I 19a DATE OF C | PERATION | 196 CONDITION FOR V | WHICH OPERATION | DN WAS PERFORMED | 20a AUTOPSY? | 20b IF YES, | WERE FINDING | S USED |
| 3 | F | | | | | YES NOTE | IN CERTIFY YES | ING CAUSES O | F DEATH? |
| 2 | 19a DATE OF C | AS UNCERLYING | 21b. TIME OF INJURY | | 21c. HOW INJURY OCCI | URRED (ENTER NATURE OF IN. | | | |
| E | OR CONTRIBUTION | G CAUSE OF DEATH | HOUR A.M. MONT | TH DAY YEAR | | | | | |
| 2 / | (IF EITHER NOTI | | 21e PLACE OF INJURY | | 211 LOCATION | | | | |
| pex | WHILE AT WORK | NOT WHILE ALL WORK | (AT HOME STREET, FACTORY, | OFFICE, FARM ETC.) | STREET | CITY OR 1 | OWN | COUNTY | STATE |
| e E | | | gatendedathe deceased | from La | 10/10/10/10 | 4 10 Fel | 11 | · 85 1h | nt (l) (we) |
| 2 | saw the d | eceased alive an | 11/85 | 100 | ed that in (my) (our) Opinio | an death accurred an the | date and hau | and Iram the ca | uses stated |
| e B | 22b. SIGNALU | | ew the bady after durith | 1 | DEGREE | | | 22c DATE SI | GNED / |
| ± | 10/2 | Aug. 10 | 11 11- | D- 1 | ATTENDING | | AFF | FIL | 18 |
| Z- | 20 PHYSICIAI | N'S NAME (TYPE OR PRI | NT) | - // | PHYSICIAN 22e. ADDRESS | DIRECTOR PHYS | ICIAN [] | 14 | , 0 |
| MPORTANT | MAVA | ICE F | 2 SISL | EN | 1145 | 1987 | N | NW | |
| < | 23a. BURIAL, CREMA | | 3b. DATE | | CEMETERY OR CREMATOR | CITY OF TOWN | | COUNTY | STATE |
| _ | (SPECIFY) Bur: | ial F | eb. 4, 1985 | Fort 1 | Lincoln Cemet | ery Brentwo | od Pr. | Georges | · ~ N |
| ′B3 | 24. FUNERAL DIRECT | OR | al Home Sil | 0. N. H. | Ave. 23-4 | AB RED D-BY HOURA | R 256. REGISTR. | AR'S SIGNATUR | RE |
| | Hines/Rin | aldi Funer | al Home Sil | ver Spri | ing, Md. | | | | |

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

etained by the hospital or attending physician.



FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| CERTIFICATE OF DEATH | REG. N | | | | |
|----------------------|-------------------|-------|-----|-------|----------|
| LAST | 2a. DATE OF DEATH | MONTH | DAY | YE AR | 2b. HOUR |
| RR | FEBU | ARY | 15. | 1985 | 051 |

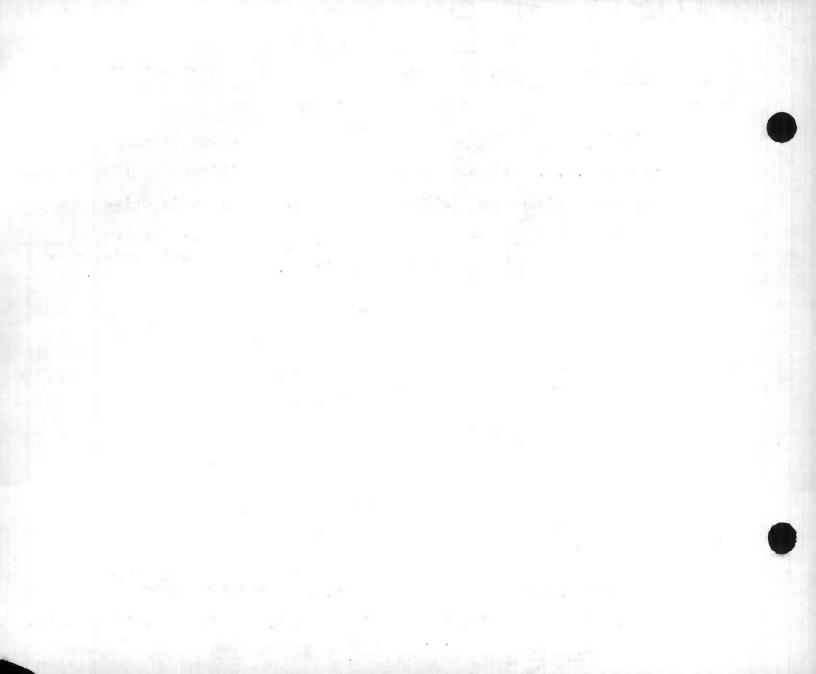
| - 1 | | CEASED NAME FIRST | MIDDLE | Ĺ | AST | 20. DATE OF DEATH | MONTH D | AY YEAR | 2b. HOUR | |
|-----|---------------|---|---|---------------|----------------------------------|-----------------------------------|------------------|---------------------|-------------------------------------|--|
| M | (TYPE | RALPH | ARLIN | BARR | | FEBUA | ARY 15 | , 1985 | 0515 _M | |
| ij | 3. SE) | (| 4. RACE | 5. DATE C | | & AGE (IN YEARS LAST BIR | | IF UNDER TYEAR | IF UNDER 24 HRS | |
| | | Male | Caucasian | Jai | | 51 | YRS. | ONTHS DAYS | HOURS MIN. | |
| 1 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | Y? B. | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY | OF DEATH | | |
| 1 | | Michigan | USA | WIDOWE | DIVORCED | Prince | | | MD. | |
| 8 | Ar | ivoriown of DEATH | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Malcolm Gr | OW | DR OTHER INSTITUTION | Type of work for most of Military | F WORKING LIFE | INDUSTRY | r Force | |
| 2 | 13a. S | AL RESIDENCE (IF NURSING HOME O TATE 136 COU Aryland Prin | | NWN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / 5301 Don: | | ive | 20601 | |
| | 14 FA | THER'S NAME | ANDDIE LAST | | 15. MOTHER'S MAIDEN NA | ME | | LAS | T | |
| 0 | | Ralph Wil | lbur Barr | | Cleota | Blanche | | erson | | |
| / | | | RMED FORCES? 166. SOCIAL SE | | | USE 33 | od IC | ris D: | rive | |
| | 7 | | | | Louise J. | Barr Wa | ldorf | Md. | 20601 | |
| | NOI | BE CAUSE OF DEATH IENTER ONly one couse per CARDITOP HIMONARY ARREST PART I. DEATH WAS CAUSED BY CARCILLO DE WORKEN COUSE (1) CARCILLO DE WORKEN COUSE (1) CARCILLO DE TOUR OR AS SCONSFOUENCE OF COUSE (1), STORING THE UNDERLOOK (2), STORING THE UNDERLOOK (3), STORING THE UNDERLOOK (4), STORING THE UNDERLOOK (5) DUE TO, OR AS A CONSEQUENCE OF COUSE (1), STORING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2. | | | | | | | | |
| 2 | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHI | CH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES □ NOt | | WERE FINDING CAUSES | | |
| 7 | | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE | 1 | DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PA | ART I OR PART 2} | | |
| | MEDICAL | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE | E. FARM ETC } | 211 LOCATION | CITY OR IC | WN | COUNTY | STATE | |
| | | 22a Lecrtify that (I) (this hasp sow the deceased alive or above. (I) (well (did)) | n view the body ofter death. | 85. | nd that in (my) (our) opinion | death occurred on the de | ote and hour | ond from the | that (I) (we) lost couses stated | |
| | | 276. SIGNATURE | - 0 | ND | DEGREE ATTENDING PHYSICIAN | MEDICAL STA | | 15 Fe | SIGNED 5 | |
| | | 224 PHYSICIAN'S NAME (TYPE | M GROW MEDIO | | NTER | | | | | |
| - | 22- 5 | | REY MD 1236. DATE 123 | NIAME OF | EMETERY OR CREMATORY | VS AFB DC | זככתי | | | |
| | | Burial, CREMATION, REMOVAL Burial | | | ington Nat. | CITY OR TOWN | on Ar | lingt | on Va. | |

DHMH - 16 50M 4/83 (VRA 15, 4)

74 FUNERAL DIRECTOR
Huntt Funeral Home

P.O.Box 156, Waldorf, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TO MONTH (TYPE OR FRONT) OF DEATH MATED IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD July 11. 1934 50 TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH A BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Washington, DC U.S.A. DIVORCED XXX Prince George's WIDOWED 10. CITY OR TOWN OF DEATH 126 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Camp Springs Homemaker Home 113b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YE5 NO [6306 Maxwell Drive (20746) Frince George's Camp Springs 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Frederick D. Scott Ava Scott 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 577-44-7430 Ava Scott - Same As #13 A-E 18 CAUSE OF DEATH (Enter anly one couse per live far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ardio nexu IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUE Canditians, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 19s DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE AT WORK 22a I certify that I took charge at the remains described above, held an Autopsy and in my apinian Accident Undetermined manner Natural causes Suicide Hamicide TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC February 26, 1985 Ft. Lincoln Cemetery Brentwood. 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH - 17 Sulia Davidson-Randall IVE ALS ME 663B Old Alexander Ferry Road, Clinton, Maryland

Market A. Brand A TERS NOW AND A SECRETARY water the the state of the territory of the state of the AND THE REST OF STREET

filled in by the funeral director. p nould be filed within 72 hours after

| STAIL OF MAKTLAND | |
|------------------------------------|-------|
| DEPARTMENT OF HEALTH AND MENTAL HY | SIENE |
| CERTIFICATE OF DEATH | |
| | _ |

| REGISTRAR | | CERTIF | CATE OF DEATH | REG. NO. | | | | | | | |
|--|---|----------------------|---------------------------------|-------------------------------------|---------------------------|--------------------------------------|--|--|--|--|--|
| 1. DECEASED NAME FIRST | MIDDLE | (1 | ST | 20 DATE OF DEATH MONTH | DAY YEAR | 26 HOURP.M. | | | | | |
| Maddal Maddal | ena | BATTI | NIERI | Feb | . 5.1985 | 10:05 M | | | | | |
| 3. SEX | 4 RACE | 5. DATE O | | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS | | | | | |
| Female | White | Augu | st 19, 1892 | 92 _Y | RS. DAYS | HOURS MIN. | | | | | |
| 70. BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COU | NTRY? 8 | NEVER MARRIED | 9. BALTIMORE CITY OR COL | INTY OF DEATH | | | | | | |
| Italy | USA | WIDOWE | _ | Prince-Geor | eorges | | | | | | |
| 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | NURSING HOME O | ROTHER INSTITUTION | 120. USUAL OCCUPATION | 12b. KIND C | OF BUSINESS OR | | | | | |
| Hyattsville | (IF NOT IN SUCH FACILITY, GIVE Sacred | Heart Ho | me, Inc. | Delicatesser | | | | | | | |
| USUAL RESIDENCE (IF NURSING HOME 136 STATE 136. COL Prin | | RTOWN | 138. INSIDE CITY LIMITS? YES MO | 3106 Guiiwood | Drive | 10783 | | | | | |
| 14 FATHER'S NAME | WIDDIE 1A | 15.7 | 15. MOTHER'S MAIDEN NA | ME | | ct | | | | | |
| Vincenzo | Riccia | ardi | Annunzi | ata | Vell | ucci | | | | | |
| 160 WAS DECEASED EVER IN U.S. A | | L SECURITY NO. | 17 INFORMANT | ADDRESS | | | | | | | |
| (YES, NO OR UNKNOWN) (IF YES, C | GIVE WAR OR DATES) 220 | 44 6358 | Anne Pria | rone (Daughte | r)Same | as 13E | | | | | |
| 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | anly ane cause per line far (a), SED BY: | (b), and ici.1 | 4.8/1-11/19 | | APPRO) BETWEEN | XIMATE INTERVAL I ONSET AND DEATH | | | | | |
| IMMED1 | ATE CAUSE (a) | | | | | | | | | | |
| | DUE TO, OR AS A CONSEQUENCE OF Cerebovasular acerdent | | | | | | | | | | |
| Conditions, if any, which | (b) | | Dewroas | wed ways | EU | | | | | | |
| gave rise to immediate cause (a), stating the | DUE TO, OR AS A CON | ISECUENCE OF | | | | | | | | | |
| underlying cause last. | | | | | | | | | | | |
| PART 2, OTHER SIGNIFICANT | | | | | | | | | | | |
| 3 Develo | vascular o | lesce . (| 2) Chronic | Waei Synds | mp | | | | | | |
| 190 DATE OF OPERATION | 196 CONDITION FOR V | WHICH OPERATION | N WAS PERFORMED | | F YES, WERE FIND | | | | | | |
| 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | | | | YES TO NOT | ERTIFYING CAUSE: YES □ | S OF DEATH? | | | | | |
| 210 ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITE. | | 110 | | | | | |
| OR CONTRACTOR CALLER OF C | LIGUID A LL SUCCEIT | | | | | | | | | | |
| I F EITHER NOTIFY MEDICAL EXAMIN | | 19 | 100 1 = 6 1 TION | | | | | | | | |
| IF EITHER NOTIFY MEDICAL EXAMIN | (AT HOME STREET, FACTORY | OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE | | | | | |
| AT WORK NOT WHILE | | | | | | | | | | | |
| 220 L certify that (1) (this has | pital) attended the deceased | aff atom | ec 19.80 | _{to} February | 5, 19 85 | , that (I) (we) last | | | | | |
| saw the deceased alive of | nat) view the bady after death. | _19_ 8.5 , on | d that in (my) (our) opinion | death occurred on the date and | hour and from the | causes stated | | | | | |
| 22b. SIGNATURE | A distribution of the state of | | DEGREE | | 22c DATE | E SIGNED | | | | | |
| J-14-6 | mule. | | ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN | 7 7.1 | 5 1985 | | | | | |
| 224 PHYSICIAN'S NAME (TYPE | E OR PRINT) | | 122e ADDRESS | | | | | | | | |
| I.M.K | HATRI | | 6525 Bel | crest Rd# | 9r2 ltyat | tsville | | | | | |
| 230. BURIAL, CREMATION, REMOVA | | 23¢ NAME OF C | METERY OR CREMATORY | 23d LOCATION | COUNTY | STATE | | | | | |
| Burial | 2/9/85 | Cedar | Hill | Suitland | PG | Md. | | | | | |

Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md FB 985

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

O FUNERAL DIRECTOR. After

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

m 18 shows ony

MPORTANT: # hem 21 is morked

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. . DECEASED NAME 2a DATE OF DEATH n's LIYPE OR PRINTS BAULSTR ROBERT 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 3 SEX White Male August 28. 1895 BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGE'S COUNTY Washington, D.C. U.S.A. WIDOWED B CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRINCE GEORGE'S GENERAL HOSP. CHEVERLY Printing Pressman Detweiler USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Lin STATE 13b COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE Hyattsville Maryland P.G. 5413 Gallatin Street 20781 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Edward Raulsir Amery 11104 Newport Mill 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. Robert E. Baulsir, Sr. Rd. Kensington, Md. 578-05-7667 No II CAUSE OF DEATH (Enter only one course per line for PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IN Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last SEALTH ALDISEASE OF CONDITION GIVEN IN PART T PART 2. OTHER SIGNIFICANT COMMUNIONS CONTRA 194 DATE OF OPERATION THE IF YES, WERE FINDINGS OF DEATH? Mr. AUTOPSY? NO YES [NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 | certify that (1) (this beautal) oftended the deceased from saw the deceased alive al and that in (my) come apinian death occurred an the date and have and from the causes stated above, (1) (wet (did) (did set) view the body often deat DEGREE 22h SIGNATURE ATTENDING MODICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S PLAME (THE CHEEK) 22e AL DRESS 4814 71st. Ave. Hyattsville, Md. Thomas G. Maloney, Jr.

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

23d. LOCATION

Suitland

Maryland

DHMH - 16 50M 4/83 (VRA 15, 4) 23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

Feb.11,1985

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland FFR

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| b | Ti | FOR STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH | HYGIENE 5 | 3 5 8 8 9 |
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| neath P | 6 70. | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 7b. CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED WIDOWED DIVORCED | - 1// | DUNTY OF DEATH LGS MD. |
| 1 11 70 | 10. | CITY OR TOWN OF DEATH | | NG HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR | 126. KIND OF BUSINESS OR |
| 2 23 70 | | ANHAM | MAGNOLIA GAR | DENS NURSING HOM | 11-4 | |
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| 3. Pa | | NO | | 4193 RAUM | | 1. HILLCREST HEISIL |
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| beer mit. | CERTIFICATION | 19a. DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b | IF YES, WERE FINDINGS USED |
| The kicton. | | | | | YES NO NO | CERTIFYING CAUSES OF DEATH? YES NO NO |
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| PHYSICIAN: ending phys this certifica e buriol-troi d Mentol Hy d or Item 18 | MEDICAL | 21d. INJURY OCCURRED | 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | 211. LOCATION STREET | CITY OF TOWN | COUNTY STATE |
| offer the offer the one | 2 | MHILE NOT WHILE AT WORK | THE TOTAL OFFICE. | | | |
| NDIT NSE A USE C | | 22a.1 certify that (1) (This hosp | Hal) attended the deceased from | NOV-23 196 | 8 , 10 F.EB. 26 | , 19_\$5, that (I) (we) lost |
| Spito CTO CTO for of h | | sow the deceased alive or | Feb 20 19= | ond that in (my) (our) opini | ion death occurred on the date o | nd hour and from the causes stated |
| OR A e ho DIRE sched Dept | 117 | 376 SIGNATURE | | DEGREE | | 22c. DATE SIGNED |
| 74 745 E | | and -e | elie | ATTENDING PHYSICIAN | | 0 2/26/85 |
| HOSPITAL ined by th FUNERAL pold be deto h the State | | 224 HYSICIAN'S MAME (TYPE | | 220 ADDRESS | | RAINIER, Md. |
| TO HOSPITAL TO FUNERAL should be deto with the State I | | LEON R. | LEVITSKY | 3408 K | HODE ISCAN | O Ave. MT. |
| | 23a | BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATOR | CITY OF TOWN | COUNTY STATE |
| BP | | (SPECIFY) Burial | 3/1/85 St | | metery Oxon H | ill P.G. Md. |
| DHMH - 16 50M 4/82 | | FUNERAL DIRECTOR | ADDRESS | 250 [| AR 1 1085 | REGISTRAR'S SIGNATURE |
| (VRA 15, 4) | G. | P. Kalas 6160 C | xon Hill Rd. Oxo | on Hill, Md. | AR 1 1985 July | an manufacture Manufacture |

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | - STATE REGISTRAR | CERTIFICATE OF DEATH REG. NO. | | | | | | |
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| | 1 DECEASED NAME FIRST (TYPE OR PRINT) | MIDDLE | LAST | 20 DATE OF DE. | ATH MONTH DAY | YEAR | 26 HOUR | |
| | CARL | J. | BAUMANN | DEC TIME | 2/18/ | | 3:10pm | |
| | 3 SEX 4 | RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS | LAST BIRTHDAY) IF L | | HOURS MIN. | |
| | Male | White | Apr 2 1 | 898 | 86 YRS | | | |
| 7 | TO BIRTHPLACE (STATE OR FOREIGN 76 | CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MAR | RIED 9 BALTIMORE | 9 BALTIMORE CITY OR COUNTY OF | | | |
| | Washington DC | USA | WIDOWED X DIVOR | CED PRINCE | GEORGE' | S COUNTY MD | | |
| 0 | | I. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A OUTHERN MARY) | ADDRESS) | [TYPE OF WORK FOR | MOST OF WORKING LIFE) | 126 KIND OF BUSINESS OF INDUSTRY US Gov't | | |
| 7 | USUAL RESIDENCE (# NURSING HOME OR OTH 130 STATE Maryland Charl | 13c. CITY OR TOWN | N 13d. INSIDE CITY | | RESS / ZIP CODE Loan Ave | 20 | 0601 | |
| 3 | 14 FATHER'S NAME | DDLE LAST | 15 MOTHER'S M. | | IDDIE | LAST | | |
| 1 | Unk | | , ins | Unk | | | | |
| 1 | 160 WAS DECEASED EVER IN U.S. ARME | | IRITY NO. 17 INFORMANT | May Mark At | ADDRESS | | | |
| | No | | 1450 Diana | Coffren | Same as | #13 | 4-14-7- | |
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| | gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT COI | DUE TO, OR AS A CONSEQUE | riscleur | THE TERMINAL DISEASE OF | Tolis / | IN PART Ito | | |
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| 1 | OR CONTRIBUTING CAUSE OF DEATH | P.M. | AY YEAR 19 | Y OCCURRED (ENTER NATURE | SE INJURY IN ITEM 18 PART | 1 OR PART ?) | | |
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| 9 | 776. SIGNATURE | ~~~ | | NDING MEDICAL SICIAN DIRECTOR 1 | STAFF PHYSICIAN [] | TI- I | 8 (& 2 | |
| | C. MONTANEZ | , M.D. 3708 D | Sodge PK Ro | | · MD | 2078 | 82. | |
| | 230. BURIAL, CREMATION, REMOVAL BURIAL | | NAME OF CEMETERY OR CREATE HILL CO | CITY OR TO | OWN C | OUNTY PG | Md | |

DHMH - 16 50M 4/83 (VRA 15, 4)

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should be detoched for use as the burial-tronsit permit. Then pleas with the State Dept- of Heolth and Mental Hygiene prior to burial.

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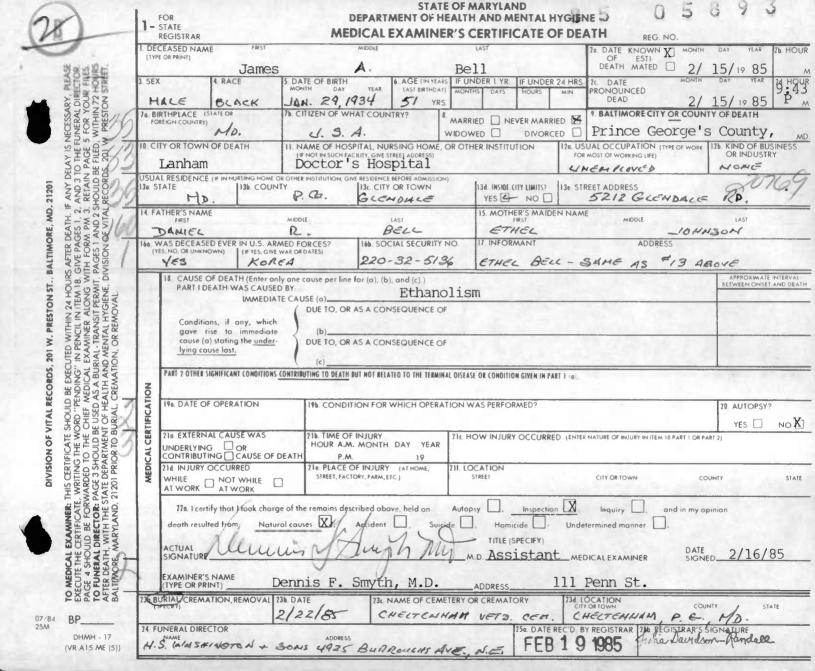
24 FUNERAL DIRECTOR Wilhelm Funeral Home

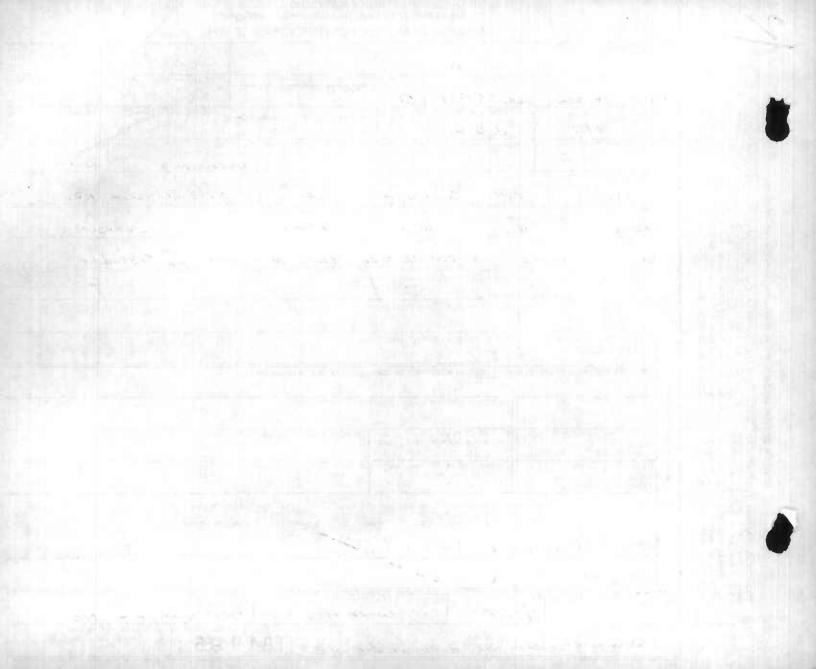
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| ORE, MD | M PW 3 | F | THER'S NAME FIRST rank M. M | ic Geary | | lA. | | | 15. MOTHER' FIRS Id: 17. INFORMA | a M. J | amison | MIDDLE | | LAST | |
| BALTIMORE, MD. 21201 | RS ATER GNE FOR A WITH FOR PAGES DIVISION | 16a. V | AS DECEASED EVE s, no, or unknown) NO 18 CAUSE OF DEA | N/A | AR OR DATES) | 577- | -60-04 | | | | chsler | 6010 Clint | Runny on, M | meade A Jaryland | ve. |
| , 201 W. PRESTON ST., | PRESTON ST. ITHIN 24 HOU ICIL NITEM 18 NER ALONG RANSIT PERMIT I'AL HYGENE. REMOVAL. | | Conditions, if gave rise to cause (a) station lying couse las | MAS CAUSED (IMMEDIATE ony, which immediate ag the under- t. | 8Y: CAUSE (ADUETO, OR (b) | AS A CONSI | Sele EQUENCE O | F | | | vaseu | elerti | diren | BETWEEN ON. | SET AND DEATH |
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| SION OF | CERTIFICATE SHOULD SITING THE WORD "PER ROED TO THE CHIEF ME 3 SHOULD BE USED A EDERARMENT OF HEAD OF PROR TO BURIAL, C | MEDICAL CERTIFICATION | UNDERLYING CONTRIBUTING | OR CAUSE OF DE | HOUR A.M | MONTH E | 19 | 211. 100 | | CCORRED IS | NTER NATURE OF | INJURY IN ITEM | TISPARI TORP | AKI 23 | |
| DIVI | WAR WAR PAG 212 | ME | WHILE NO | T WHILE WORK | | ORY, FARM, ETC. | | ST | REET | - | CITY OR 1 | | cc | YIMUC | STATE |
| • | TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, | | 22a I certify that death resulted from | | of the remains desi | Accident [| e, held an | Autops; ide , | Hamicid TULE (SPE Deput | CIFY) | MEDICAL EXA | monner [| and in my o], DATE SIGN | 2/2/19 | 8 85 |
| | TO MEDI PAGE 4 TO FUNI MAFTER DE | 23g. Bl | EXAMINER'S NAM (TYPE OR PRINT) _ IRIAL, CREMATION | | | | | | ADDRESS 50 | | urn Ct., | | Hills, | , Md. | |
| 999 | 9P99 | (5 | Burial | | ruary 5, | | | | Nation | ial Cen | netery | Arli | | , Virgir | |
| 111 | DHMH - 17 (VR A15 ME (5)66 | | ineral director name old Alexa | | uneral Herry Road | | | larv1 | and 25 | FFB 6 | D. BY REGISTI | RAR 256 RE | Davids | SIGNATURE A Handal | 2 |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

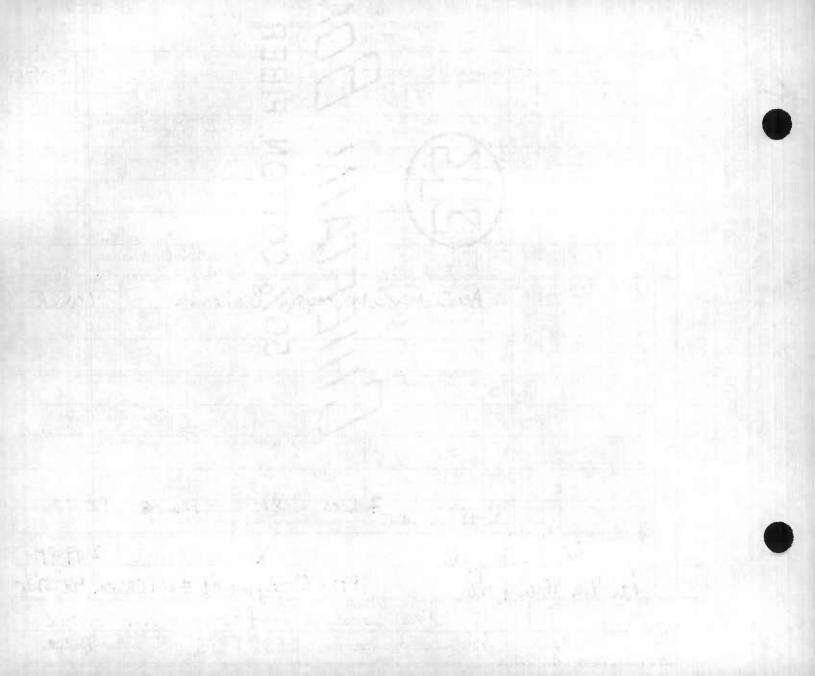
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| ľ | 3 SEX | | 4 RACE | S. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIRTH | DAY) IF UNDER | YEAR IF UNDER 24 HR | _ |
| - | Fe | male | White | Sept | ember 13, EAR | | YRS. | DAYS HOURS MIN | i. |
| | C | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COU | MARRIE | D NEVER MARRIED | I TITILE GEO | rge's Cou | inty | |
| 1 | 10. CT | nnsylvania | 11. NAME OF HOSPITAL N | WIDOWE | DIVORCED DIVORCED | 12ª USUAL OCCUPATIO | N 125 K | IND OF BUSINESS C | AD. |
| 9 | L | anham | (IF NOT IN SUCH FACILITY, GIV | E STREET ADDRESS) | Pr. Geo. Co | (TYPE OF WORK FOR MOST OF | WORKING LIFE) INDI | val h School | |
| 1 | USU A | AL RESIDENCE (IF NURSING HOME OR | | | A 124 INCIDE CITY (LAIRE | | | II SCHOOL | _ |
| | Ma | ryland P.C | | ge Park | 13d. INSIDE CITY LIMITS | 8812 Edmon | | 20740 | |
| - | 14 FA | ATHER'S NAME FIRST | MIDDLE LA | AST | 15 MOTHER'S MAIDEN | NAME | | LAST | |
| 4 | | ephen | Dretsia | | Anna | | Vinchu | | |
| | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 16b SOCIA | L SECURITY NO | 17 INFORMANT | 9028 49 | th Avenue | | |
| 1 | | No | 145 | 16 1596 | Catherine F | Riddle College | Park, Md | . 20740 | |
| | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which | DUE TO, OR AS A CON | nyelo | monocytic | leukemia | 861 | IPPROXIMATE INTERVAL WEEN ONSET AND DEATH | |
| | | gave rise to immediate couse (a), stating the underlying cause last | DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION | | NOT RELATED TO THE 1 | ERMINAL DISEASE OR COND | ITION GIVEN IN P | ART 110 | _ |
| | CERTIFICATION | 19a DATE OF OPERATION | 196. CONDITION FOR V | WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE I | INDINGS USED | _ |
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| | | 2) B ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | H DAY YEAR | 21c. HOW INJURY OC | CURRED (ENTER NATURE OF INJURY | IN ITEM 18 PART I OR PA | (RT 2) | 3 |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY) | | 211 LOCATION STREET | CITY OR TOW | IN COUN | NTY STATE | |
| | | | n V | _19 | | ion death occurred on the do | te and hour and tro | | ost |
| | | 22b. SIGNATURE Lai 2 | in gen 15% | | DEGREE ATTENDIN PHYSICIA | G MEDICAL STAF | | 2-19-8+ | |
| | Y | Rai Yiu YE | UNG H.D. | | 8926 Wo | dyard Rd #7 | LOI Cliuto | , hd2013 | 7 |
| | | SURIAL, CREMATION, REMOVAL | 236 DATE | | EMETERY OR CREMATO | | COUNTY | STATE | |
| | | emation | 2/22/85 | Fort Li | ncoln Crema | tory Brentwoo | I P.G. M | aryland | |

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR, After this certificate has bee should be detached for use as the buriol-transit permit with the State Dept. of Health and Mental Hygiene prior

MAPORTANT. If them 21 is morked or

rancais Gasch's Sons 4739 Badtimore Avenue (VRA 15, 4) Hyattsville, Md. 20781

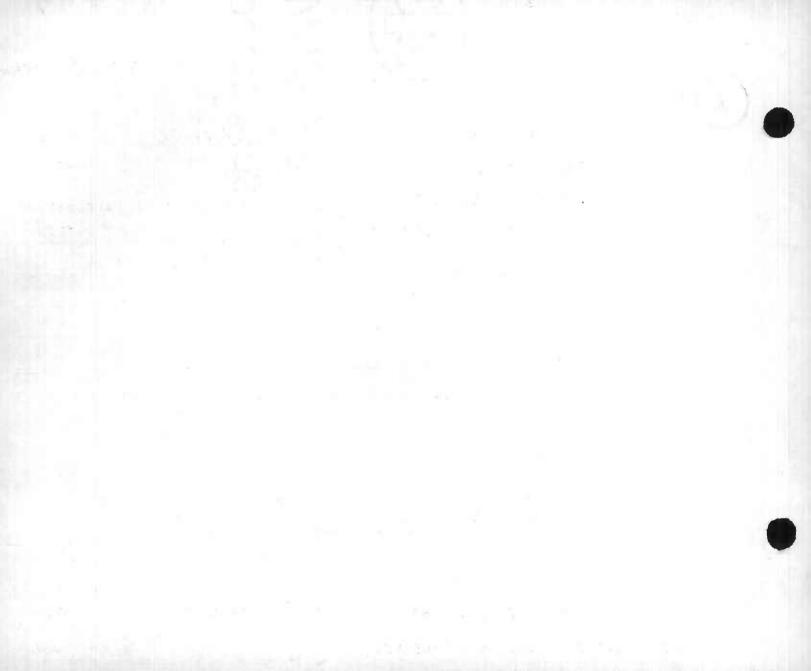


remain control of the second of the control of the the Pyres firmes debutt a great a great and something savility sites and sites a 577-31-128 I Incrette Binck (2001) Street mridia 2/18/22 Farebay Serve and Jers and Serve Starte ROLLINS FUNERAL HOME, INC. 4333 HUNT PLACE, N.E. WASHINGTON, D.C. 20019

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) stella 1985 105 e 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YEAR temale 18 83 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED George County Lowa WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Lannam Magnolia O-andens 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 8200 Good Luck nee George Lanham NO [SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one couse per line for a), (b), and ici PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICAN) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NATIONAL DI NOTWERS D 27s.1 certify that (1) this haspital attended the decrased from saw the deceased since an above (If we did) ided not) view the body ofter death and that in (my/ (our) ppinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL should be detained with the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 274 PHYSICIAN'S NAME (TYPE OR PR 22e ADDRESS 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23h DATE Burial. BP H FUNDAMANDINECTOR Takomass Funeral Home DHMH - 16 50M 4/83 (VRA 15, 4) 254 Carroll St. N.

Janes Frank South Electronic 1844 Television Television Cometa net

| 7/1. | FOR STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GIENE 8 5 | 5897 |
|---------------|--|---|--|-------------------------------|---|
| | CEASED NAME FIRST CLINT | ON MIDDLE | BONNER | 20. DATE OF DEATH MONTH | 0785 5:084 |
| 3. SE | MALE | 4 RACE BLACK | APRIL 14 1903 | | MUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. RS. |
| 0 | 11 4 11 11 11 11 11 | | MARRIED NEVER MARRIED WIDOWED DIVORCED NO THER INSTITUTION | PRINCE 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OF |
| 6C | AL RESIDENCE IN NURSING HOME O | IF NOT INSUPPLIED THE STREET | ADDRESS HOSP, TA | TYPE OF WORK FOR MOST OF WORK | INDUSTRY NONE |
| 13a, S M A | STATE 136 COULT P - G | NTY 13c CITY OR TOW | VN 113d INSIDE CITY LIMITS? | | DR LANDOVER MD |
| | AMES | E. BO | NNER ANNIE | BIDDIE | ĞÄTLIN |
| | WAS DECEASED EVER IN U.S. AF 1YES, NO OR UNKNOWN) (IF YES, GI | RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 265-07- | | OD 4712 DEAN | |
| | PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the | DUE TO, OR AS A CONSEOU | io-pulmonorgence of hear | + failure | APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH |
| ATION | PART 2 OTHER SIGNIFICANT Hyperteusic 190 DATE OF OPERATION | on, Dialectes | DEATH BUT NOT RELATED TO THE TERM MOUNTS ACT OPERATION WAS PERFORMED | to rendfai | NGIVEN IN PART IS. LUZO, PNEUMONIC FYES, WERE FINDINGS USED |
| CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY | | | ERTIFYING CAUSES OF DEATH? YES NO NO |
| MEDICAL C | OR CONTRIBUTING CAUSE OF DE OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE OF DE OR CONTRIBUTING CAUSE OF DE | EATH HOUR A.M. MONTH D | 19 21f LOCATION | CITY OR TOWN | COUNTY STATE |
| | | oitol) ottended the deceased from 2 7 19 of) view the body offer death. | DEGREE | MEDICAL STAFF | 3 hour and from the causes stated 22c. DATE SIGNED 271 785 |
| 1 | 224. PHYSICIAN'S NAME ITYPE | ORPRINT) | 9131 P1 80.4 | tawar Rd. | Cinton m |
| 23a | BURIAL, CREMATION, REMOVAL | 1 23b. DATE 23c. HA | NAME OF CEMETERY OR CREMATORY ARMONY MEMORIAL | LANDOVER | PSO MARYLAN |



Annie

17 INFORMANT

2H LOCATION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG NO 20 DATE OF DEATH 25 HOUR February 21, 1985 Brinkley 7:25 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH June 2, DA1892 YEAR 92 9. BALTIMORE CITY OR COUNTY OF DEATH Prince George's

12a USUAL OCCUPATION

MIDDLE

CITY DETOWN

White To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. North Carolina

WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

18 CITY OR TOWN OF DEATH Prince Georges General Hospital Cheverly 13d INSIDE CITY LIMITS?

E.

P.G. Riverdale Maryland YES T

4 RACE

A FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANIDDLE Disher

Henry 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OF UNKNOWN) MEYES GIVE WAR OR DATES)

578 26 6846

18 CAUSE OF DEATH (Enter only one cause per line for 10), (b) and ic PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE

Canditions, if any, which

underlying cause last.

TIA: ACCIDENT WAS UNEERLYING [

OF CONTRIBUTING TO CAUSE OF DEATH OF EITHER NOTEY MEDIC BY EXAMINERS THE INJURY OCCURRED

No DATE OF OPERATION

FOR

REGISTRAR

Victoria

DECEASED NAME

- STATE

TYPE OR PRINTS

Female

1 -SEK

gave rise to immediate cause (a), stating the

THE TIME OF INJURY

HOUR A.M. MONTH DAY YEAR THE PLACE OF INJURY

AT HOME STREET, ENCTORS OFFICE PARK ETC I

Peter M. Schissler M.D.

THE NAME OF CEMETERY OR CREMATORY

TYPE OF WORK FOR MOST OF WORKING LIFE!
Homemaker Own home 6172 6376 AVERUE Riverdale, Md.

Miller

12b. KIND OF BUSINESS OR

6112 63rd Avenue

Samuel E. Brinkley Riverdale, Md. 20737 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

RIFERMATO D BATTERIADO STERVIO ATER IN CERTIFYING CAUSES OF DEATH?

YES [THE HOW INJURY OCCURRED LENGTH OF HOUSE PURISH IS PART & DEPART ZI

> COUNTY STATE.

opinion death accurred on the date and hour and from the causes stated

PHYSICIAN DIRECTOR PHYSICIAN 17500 Greenway Center OAO Bldg.

Greenbelt, Md. 20770

Fort Lincoln Crematory Brentwood, Md.P.G. Maryland

DHMH - 16 60M 7/B4 (VRA 15. 4)

2/22/85 Francis Casch's Sons Funeral Home P.A.

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE GUILLE DEVILOR Handelle

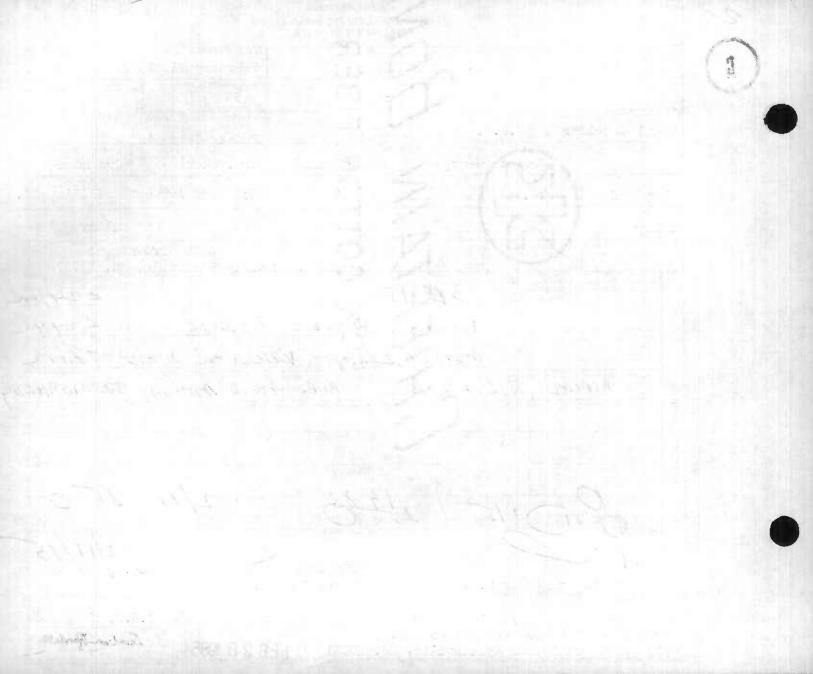
THE BURIAL CREMATION REMOVAL THE DATE CONCERN Cremation

22s.1 certify

4739 Baltimore Avenue Hyattsville, Md. 20781

Bonke PISENTE

EERONE VASCULAN DISKERSE



| 1. | FOR STATE REGISTRAR | | DEPART | | ICATE OF D | | ENE REG. N | 10. | | | | |
|---------------|---|-------------------------------------|---|-----------|---------------|---------------|--|-------------|-------------|---------------------|----------------------|---------------|
| | CEASED NAME FIRST | ERNARD | MIDDLE | i | AST | | 2a. DATE OF DEATH | MONIH | DAY | YEAR | 26 HOL | JR PM |
| () () | E OR PRINT) | | | BRODE | RTCK | | FEBRUARY | 24TH. | . 19 | 85 | 3:2 | |
| 3. SE | X | 4 RACE | | S. DATE C | OF BIRTH | | 6 AGE (IN YEARS LAST BE | RTHDAY) | MONTHS | | IF UNDER | |
| 1 | MALE | WHITE | | NOVE | BER 9, | 19000° | 84 | YRS. | MONTHS. | DAYS | HOURS | MIN. |
| | IRTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 8 | D NEVERM | | 9 BALTIMORE CITY | | Y OF DE | ATH | | |
| PI | ENNSYLVANIA | U.S. | A • | WIDOWE | | ORCED | PRINCE GE | ORGE 1 | s co | TINIC | V | MD. |
| 1 | ITY OR TOWN OF DEATH | (IF NOT IN SUC | HOSPITAL, NURSIN THE FACILITY, GIVE STREET R LAUREL | ADDRESS) | OR OTHER INST | | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST RETIRED | ION | 12b. | KINDO | F BUSINE | |
| 130 | | OR OTHER INSTITUTION UNITY DWARD | COLUMBIA | | 13d INSIDE CI | TY LIMITS? | 13e STREET ADDRESS 5101 WEST | ZIP COL | DE AM RI | D.2 | 104 | 4 |
| 14. F | ATHER'S NAME | | (46) | | 15. MOTHER'S | MAIDEN NAM | | | | | | |
| 1 | MICHEEL | PATRICK | BRODERI | CK | i | ARGARE | T AGNES | MULV | IHIL: | L IAS | | |
| | WAS DECEASED EVER IN U.S. / YES, NO OR UNKNOWN) (IF YES, | ARMED FORCES? GIVE WAR OR DATES) | 713-09- | , | JANET | STAVRO | U 5101 W. | | M RD | • | | |
| | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI | | SEPT | id (ç).) | 540 | CK. | | | .0 | APPROXI ETWEEN (| MATE INTE | RVAL DEATH |
| z | Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN | (b) | R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO | ENCE OF | NOT RELATED | TO THE TERMIN | NAL DISEASE OR COM | NDITION G | IVEN IN F | PART 10 | 0 | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFOI | RMED | 200 AUTOPSY? | IN CERT | ES, WERE | | | TH? |
| E E | 210. ACCIDENT WAS UNDERLYING | 216. TIME C | F INJURY M. MONTH D | AV VEAS | 21c HOW IN. | JURY OCCURRE | D (ENTER NATURE OF IN) | | | PART 2} | | |
| A | OR CONTRIBUTING CAUSE OF I | PEATH | M. MONTH D | AY YEAR | | | | | | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE | OF INJURY REET, FACTORY, OFFICE, I | | 211 LOCATIO | N | CITY OR T | OWN | CO | UNIY | 1 | STATE |
| | 22a certify that (I) (this hose saw the deceosed alive above, (I) (we) (did) (did) 22b SIGNATURE | on 1 - 213. 4 | メ ザ 19 C | 25,0 | DEGREE | TTENIDING | eath occurred on the o | A E E | | rom the | that (I) (couses str | |
| | 224 PHYSICIAN'S NAME ITYP | ORPRINI) | FESS | | 22e ADDRESS | | ۸ | 2100 | #11 | 09. | lnui | REL. |
| | BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL | 3/2/8 | | | CHAPEL C | | 23d. LOCATION CITY OF TOWN | ROY M | ICHI(| ĞAN | | STATE |
| 74 F | UNERW DIRECTOR DITCCI | TI C UI | TOKE FUN | ERAL. I | TOME. | 250 DATE | REC'D BY REGISTRA | RI256 REGIS | STRAR'S | SIGNAT | LIRE | |

DHMH - 16 50M 4/83 (VRA 15, 4)

CREAM

5555 TWIN KNOLLS ROAD COLUMBIA MARYLAND 21045 FEB 2 6 1985

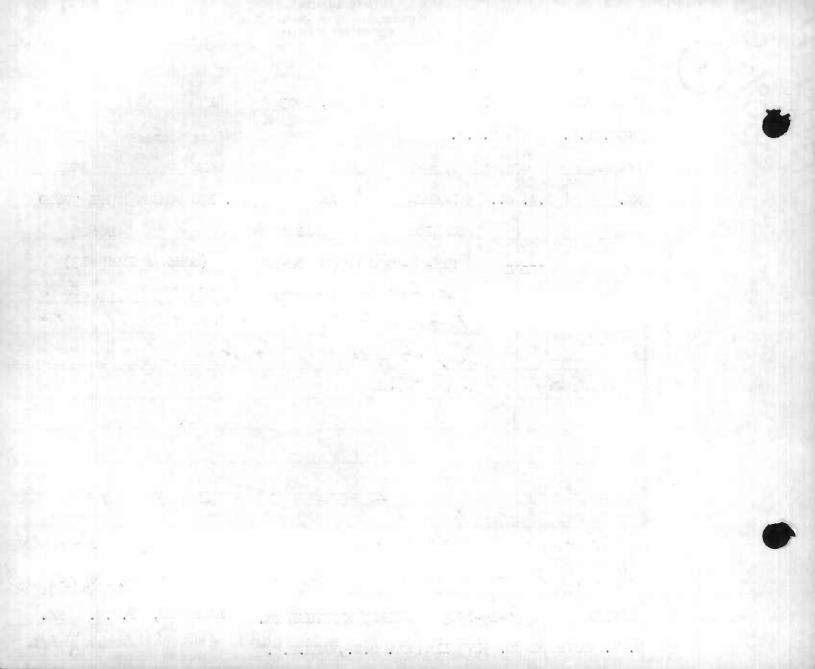


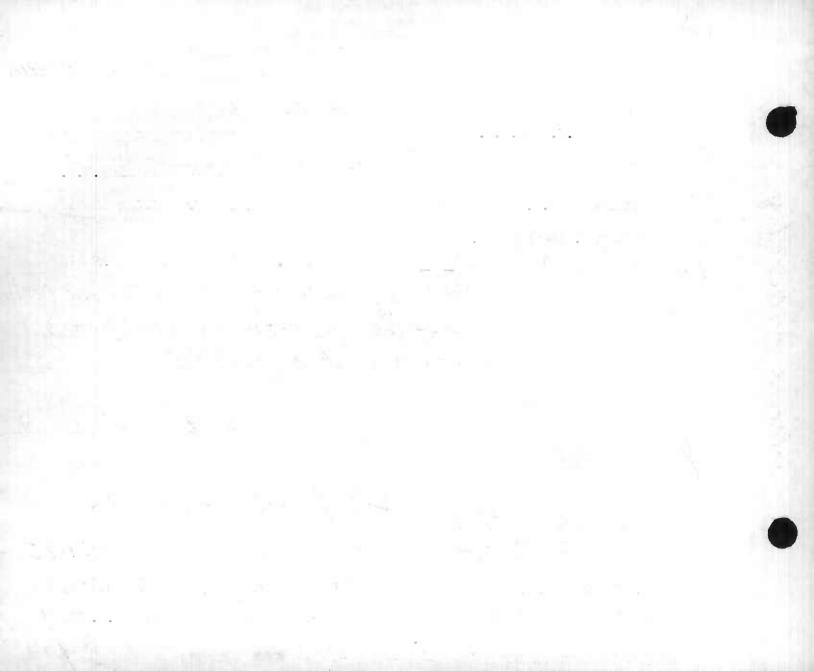
11th ST. S.E., WASH.D

CHAMBERS CO. 517

(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





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injury, or other traumatic event, th

MPORTANT: If hem 21 is marked en

| | DEPARTA | CERTIFI | | ND A | MENTAL H | YGIE | | EG. N | 10. | , - | | 2 | |
|----------------|---|------------|---------|-------|-------------|------|---------------|--------|---------|------|-------------|----------|------|
| ٨ | AIDDLE | L | .51 | | | 2 | o. DATE OF DE | | MONTH | DAY | YEAR | 2b. HOL | IR |
| | Α. | BROWN | | | | 1 | Š. | | TTD | 9 | 85 | 2: | 40m |
| I. RACE | | 5. DATE O | | | | 6. | AGE (IN YEARS | LAST B | RIHDAY) | IF U | NDER I YEAR | IF UNDER | |
| Black | | No | | 7, | 1930 | | 54 | | YR | | IHS DAYS | HOURS | MIN. |
| U.S. | what country? | MARRIE[| | | ARRIED [| 9 | BALTIMORE | | _ | | | | MD. |
| (IF NOT IN SUC | HOSPITAL, NURSIN | ADDRESS) | ROTHER | INST | ITUTION | | 76. USUAL OCC | UPAT | ION | | 126. KIND C | F BUSINE | SSOR |
| Andrev | vs Airfo | rce | Base | ∋ I | losp. | | Ret | ire | ed - | - A | rfor | ce | |
| | GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Suitlan | ADMISSION) | | DE CI | ITY LIMITS? | 1: | Se STREET ADD | | | | le Av | Penu | 18 |
| MODLE | LAST | | 15. MOT | | MAIDEN N | | | DDIE | | | LAS | | |
| MED FORCES? | 166 SOCIAL SECU | | 17 INFO | RMA | NT | | | ADDR | | | | | |
| | 1050 24 | 0354 | Mi' | 12 | a har | no | T.77 T.74 | Fa | 212 | 0 0 | 1 h = -7- | 3 | |

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

| 3c. STATE 13b. COUNTY | 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | 20148 |
|---|--|--|----------------------------|---|--|
| Maryland PG | Suitland | YES NO | 2429 Sh | nadyside | Avenue |
| Herbert Brown | LE LAST | 15. MOTHER'S MAIDEN NA FIRST Helen (| Christian | | LAST |
| WAS DECEASED EVER IN U.S. ARMED LYES, NO OR UNKNOWN) (IF YES, GIVE WA YES | R OR DATES) | 17 INFORMANT | ADDRE | | dyside A |
| 18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C | ne cause per LARD TAC ARRES | Fest | | AP | PROXIMATE INTERVAL VEEN ONSET AND DEATH |
| Conditions, if ony, which gove rise to immediate cause (a), stafing the underlying cause last | DUE TO, OR AS A CONSEQUENCE OF (b) RESPIRATORY DUE TO, OR TUNGNED TO THE PARTY (c) LANGE TO THE PARTY OF T | | | | |
| | DITIONS CONTRIBUTING O DEATH BU | T NOT RELATED TO THE TERM | WINAL DISEASE OR CON | DITION GIVEN IN PAR | tt tro |
| 190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH OPERATION | ON WAS PERFORMED | 20g AUTOPSY? | 206. IF YES, WERE FIT IN CERTIFYING CAU YES | |
| OR CONTRIBUTION C T CHIEF OF OCCUPANT | 216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21¢ HOW INJURY OCCUR | RRED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I ORPAR | 1 2) |
| (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | own count | Y STATE |
| | ottended the deceased from 25 | and that in (my) (our) opinion | | | that ((we) last |

73e. BURIAL, CREMATION, REMOVAL

FOR STATE REGISTRAR I. DECEASED NAME

To. BIRTHPLACE ISTATE OF FOREIGN Virgin Islands

CITY OR TOWN OF DEATH

(TYPE OR PRINT)

3. SEX Male FIRST

4. RACE

Black 76 CITIZEN OF

ERNO

236. DATE

23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

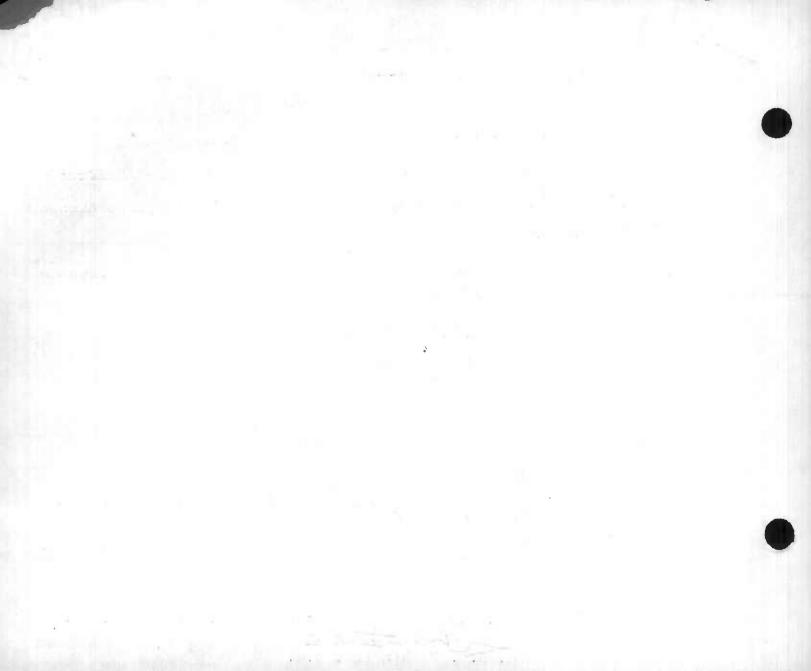
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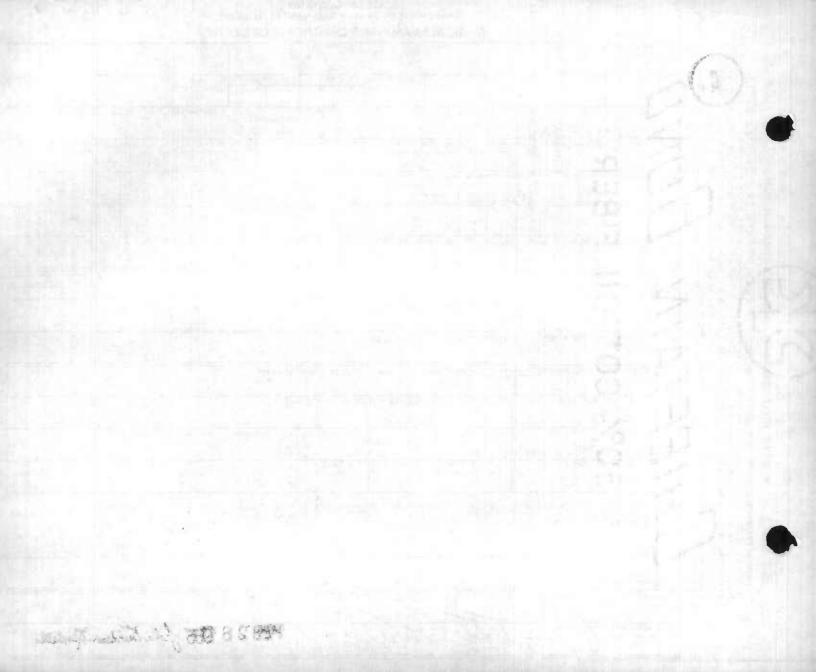
22c. DATE SIGNED

Cem. Arlington, Arlington National Burial Feb. 13.8 REGISTRAR 256 REGISTRAR'S SIGNATURE uneral Washington Benning Road

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.





011-0 where the compared and Tount of the Said Charles Court TANK TIMES Augusto P. Bedricher, S.E. St. O Jayburn Court Comp Sprines, Md. P. mach's fore P.M. T. t. Typtieville, surviand P.

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| Miles Services | | ingy non- | genna COOL | o loreur lise. |

FOR

REGISTRAR

John

I DECEASED NAME

- STATE

[TYPE OR PRINT]

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH 26 HOUR February 24, 1985 10:20a^M AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH

Male White Sept. 12, 1910 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED Prince George's

BRUCE

5. DATE OF BIRTH

MONTH

Scotland WIDOWED D. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lanham

13c. CITY OR TOWN

MIDDLE

Cooper

RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

136 COUNTY

TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Doctors' Hosp. of P.G. County Construction Construction 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS?

Maryland P.G. Co. Bowie 13009 Minetta Lane NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Bruce Euphemia Cooper ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT

(YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 146-10-3621 Blanche Bruce (Wife) Same as # APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH Enter only one cause per line fath . 161, and us

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS CONSEQUENCE OF Canditians, if any, which gove rise to immediate

cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

21 a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) WHILE NOT WHILE

211 LOCATION COUNTY

NO

22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22t. DATE SIGNED

126. KIND OF BUSINESS OR

276 PHYSICIAN'S NAME LITYPE OR PHILLIP 77e ADDRESS

Laxmi Berwa M.D. 10658 Campus Way South, Largo. 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

DEGREE

Cremati on Feb/26/85 Chambers Crematory 24 FUNERAL DIRECTOR

Riverdale 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGN

Riverdale, Maryland Chambers Funeral Home

DHMH - 16 60M 7/84 (VRA 15, 4)

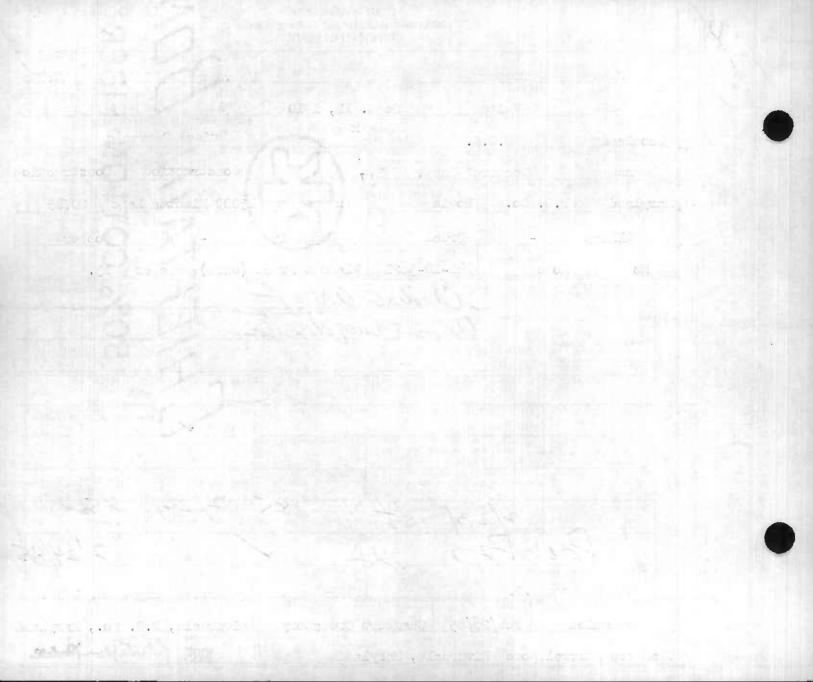
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should be detact with the State E IMPORTANT: IF

8

776 SHANATURE



STATE OF MARYLAND - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN DO MONTH (TYPE OR PRINT) Bernard Brugh DEATH MATED Benson 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. W UNDER 24 HRS DATE OF BIRTH DATE PRONOUNCED White 05 1912 72 YRS DEAD Male BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Virginia ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK Leland Memorial Hospital Retired Mover Riverdale Own Moving Co SUAL RESIDENCE LIFTH NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION P.G. Mt. Rainier 13d INSIDE CITY LIMITS? 3200 Chillum Rd. #101 Maryland YES NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME James MIDDLE Brugh Irene Bernard 16b. SOCIAL SECURITY NO 17. INFORMANT ADD 604 42nd Avenue (YES, NO, OR UNKNOWN) 200-05-8079 Charles Brugh (Son) Colmar Manor, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Kri Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Natural causes death resulted fram: Undetermined manner Suicide L Hamicide TITLE (SPECIFY) MEDICAL EXAMINER INER'S NAME 230 BURIAL, CREMATION, REMOVAL 1 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 3/1/85 Fort Lincoln Cemetery P.G. Maryland Burial Brentwood 07/84 25M 256 REGISTRAR'S SIGNAMIRE Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** 4739 Baltimore Ave. Hyattsville, Md. 20781 (VR A15 ME (5))



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the deoth certificate be

etained by the haspital or offend in physican.

BP_______ DHMH - 16 50M 4/ (VRA 15, 4)

TO FUNERAL DIRECTOR. After this continue has been signed by the attending physician and completely filled in by the funeral director in should be detached for use as the burnitation it permit. Then please remove carbonpopers. Pages I and 2 should be filed within 72 hours offer with the State Dept. of Health and Mirror in these prior to buriol, cremation, or removal.

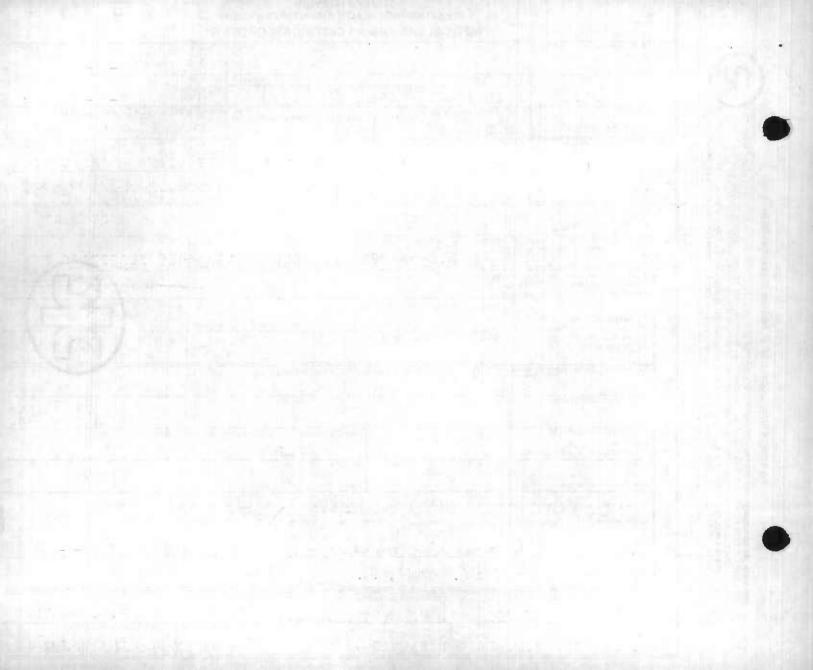
| | STATE OF MARYLAND FOR 15.3 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH | | | | | | | |) / | | |
|-----|--|--|--|-------------------------------------|-------------------------|---------------------------|-------------------------|------------------|-------------------|--------------------|--|
| | | REGISTRAR | | | | FICATE OF DEATH | REG. NO. | | | | |
| | | CEASED NAME FIRST | M | IDDIE | | IAST | 2a. DATE OF DEATH | MONTH (| DAY YEAR | 26 HOUR | |
| | | MAR | IA Q | • | BU | RBANK | FEBRUARY | 27,1 | .985 | 12:30Pm | |
| | 3. SE | X | 4 RACE | | 5. DATE O | | 6. AGE (INTERESTANT B | | WONTHS DAYS | HOURS MIN. | |
| | I | remale | Caucas | ian | Feb. | 28, 1924 | -6- 50 | YRS | | | |
| 20 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF V | VHAT COUNTRY? | 8 MARRIE | D M NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | - | |
| 1 | - | ain | USA | | WIDOWI | | PRINCE GE | ORGES | COUNTY | MD. | |
| Sil | 10. CI | TY OR TOWN OF DEATH | | OSPITAL, NURSIN | | OR OTHER INSTITUTION | 12a USUAL OCCUPA | | | F BUSINESS OR | |
| 4 | La | urel | | | | ltsville hosp | homemaker | | | | |
| | USU/ 13a. S | AL RESIDENCE (IF NURSING HOME OF | | TIVE RESIDENCE BEFORE | | 113d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | | |
| 9 | Me | | e George | Bowde | | YES NO | 12405 Sad | | | 0 715 | |
| 1 | | ATHER'S NAME | MIDDIE | LAST. | | 15. MOTHER'S MAIDEN NAM | WE | | 06.5 | - | |
| 01 | | Antonio | MIDDIE | Queipo | | Amalia | | | Amelia | | |
| | | WAS DECEASED EVER IN U.S. A | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDI | ESS | | | |
| | (| (ES, NO OR UNKNOWN) [IF YES, GIVE WAR OR DATES] | | 215-84- | 15-84-5466 Carl U. Burt | | ank as | me as | 136 | | |
| | | 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) | | | | | | | | | |
| | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | | | | | | | | 100 | |
| | | DUE TO, OR AS A CONSEQUENCE OF A DOLL + CAMPA | | | | | | | | | |
| | 2.8 | Conditions, if ony, which (b) MUHANTAHL DUM (MMC) | | | | | | 14 | 1 | | |
| | | gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| | | underlying couse lost. (c) | | | | | | | | | |
| | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- | | | | | | | | | |
| | ON ON | | | | | | | | | | |
| | CERTIFICATION | 190 DATE OF OPERATION | 1%. CONDIT | ION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | WERE FINDING | | |
| 0 | TIE | | a colle | | | | YES NO | | S [] | NO [| |
| 13 | E. E. | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF | INJURY A. MONTH D. | AV VEAD | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF NA | URY IN ITEM 18 P | 'ART (OR PART 2) | He MAN | |
| 7 | ¥ | OR CONTRIBUTING CAUSE OF DE | AIN | | 19 | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE C | OF INJURY ET, FACTORY, OFFICE, F | | 211 LOCATION | CITY OR T | OWN | COUNTY | STATE | |
| | × | WHILE NOT WHILE AT WORK | (AT HOME STRE | ET, PACTORT, OPPRIE, P | ARM, EIC | | ^ | 100 | 25 | | |
| | | 22a I certify that (I) (this hosp | oitol) ofte and the | deceased from | 0 | , 19 |), to | 02 | 19.00 | that (It (we) lost | |
| | | sow the deceased alive on 1971 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated | | | | | | | | | |
| | | 22b. SIO 14 15 | above, (1) (we) (did) (did no) view to the litter death. DEGREE | | | | | | | SIGNED | |
| 1 | | 11(0)41)0. | ruscos | 110 | | ATTENDING PHYSICIAN | MEDICAL STA | | 10 | 1/03 | |
| 1 | | 224 PHYSICIAN'S NAME / TYPE | OR PRINTI | me (1) | nalel | 122e APDRESS | 6.00.100 | 1. 60 | 1220 | 770 | |
| 5 | | MIHIGIN D. WE | 112 1 | 43 M | envu | 44 (TR O) | guenber | TIVI | 1)20 | 110 | |
| | 23a. E | BURIAL, CREMATION, REMOVA | L 23b. DATE | 230 1 | NAME OF C | CEMETERY OR CREMATORY | 23d. LOCATION | | | | |
| 3 | | Cremation | Mar. 2 | . 1085 M | etron | olitan Cremato | CITY OR TOWN | dada | Udand no | STATE | |
| 3 | 24 FU | UNERAL DIRECTOR | | Annapol | | 25a. DAT | E REC'D. BY REGISTRA | 25b. REGIST | RAR'S SIGNAT | URE | |
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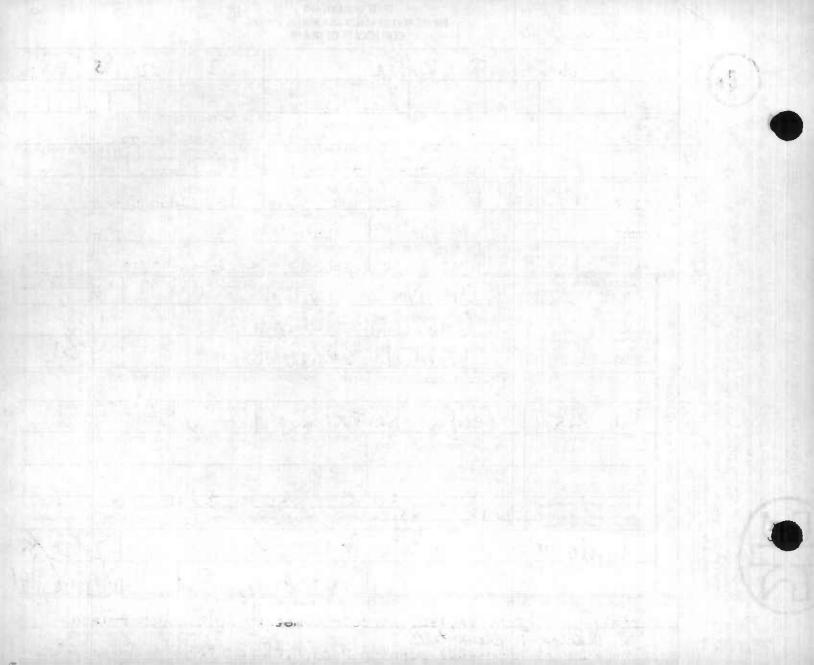
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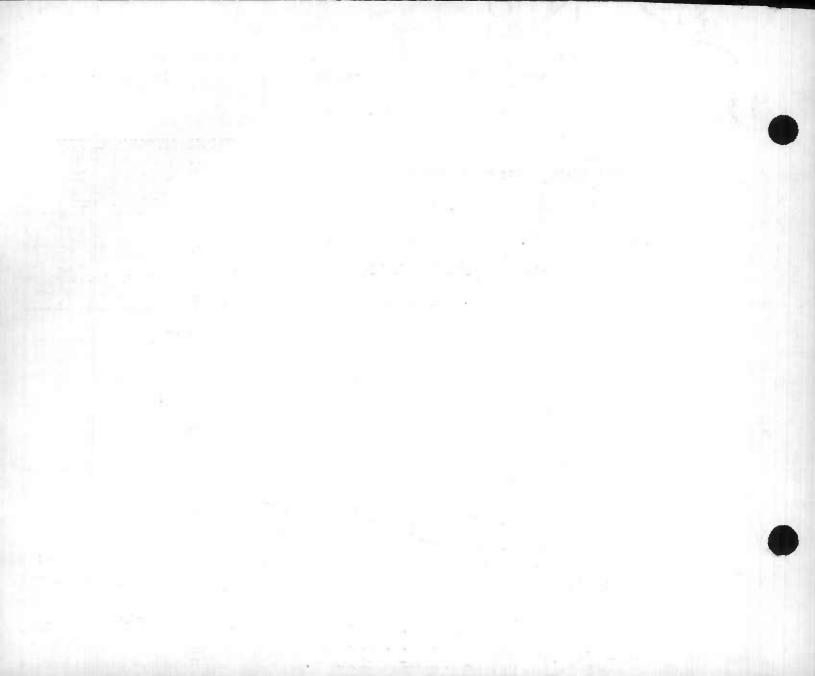
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

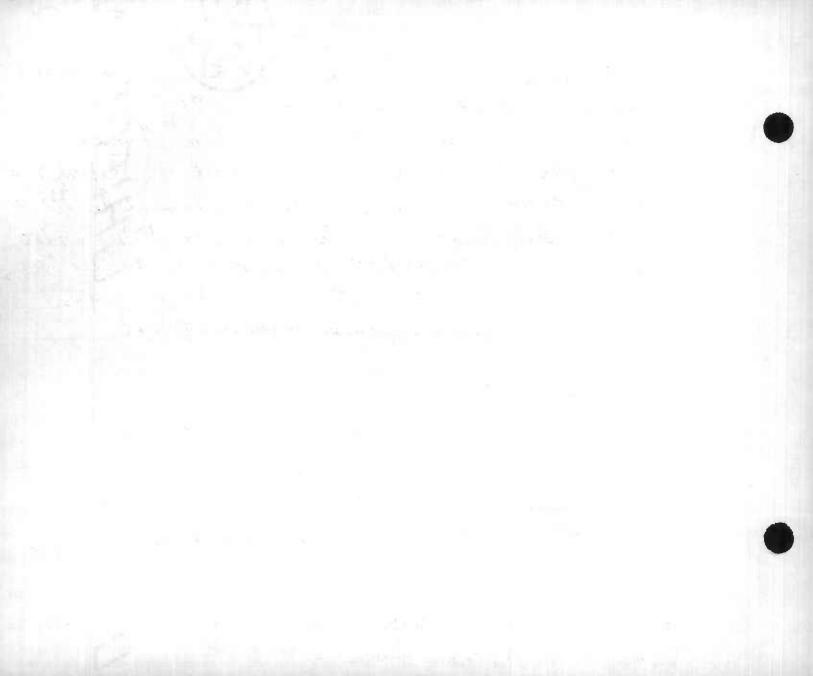
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DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) EVA **JEAN** CASTEEL 985 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) FEMALE Oct. 1932 WHITE TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED DIVORCED [18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CLINTON SOUTHERN MARYLAND CENTER Housewife HOSP. At Home 13c. CITY OR TOWN Route 6 Gen. Del. 20693 113d INSIDE CITY LIMITS? Maryland Charles Welcome FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Kiser Stella Simberly Denny AN AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN) LIFYES, GIVE WAR OR DATEST 217-32-4200 Kenny W. Casteel Same As No. 18 CAUSE OF DEATH Enter only one cause per line (or 1a), PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CATION 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 010 121 (we) (did (did pa) view the bady after death and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated DEGREE 220 DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE (SPECIFY) 02/15/85 Trinity Mem. Grdns Burial Waldorf Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/B1 (VRA 15, 4) Arehart Funeral Home, Inc., La Plata,

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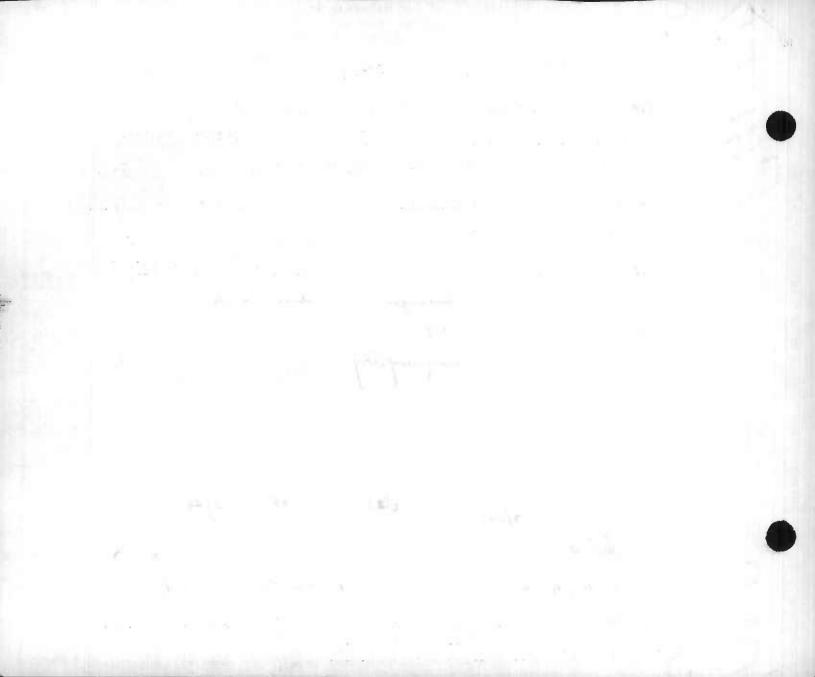
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGI - STATE REGISTRAR REG. NO DECEASED NAME KNOWN - MONTH 2a. DATE (TYPE OR PRINT) OF ESTI-DEATH MATED 4 RACE DATE 2d HOUR November 18, 1894 90 PRONOUNCED White TO BIRTHPLACE (STATE OF b. CITIZEN OF WHAT COUNTRY? I NEVER MARRIED Italy Prince George's Italy DIVORCED IO CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Housewife Homemaker Andrew's AFB Pr. Geo.'s Temple Hills 13d. INCIDE CITY LIMITS?
YES YOU DO 7008 Westchester Drive 20748 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Angela Argese Giuseppe Cervellera 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** IYES, NO, OR UNKNOWN) *************** Vittoria Bernacchia Same as # 13A-E 579-68-1032 No CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: relegatio conditivas culos descare Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 216 LOCATION 21d INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 22a I certify that I took charge of the remains described above, held on Autopsy Accident Hamicide Undetermined monner death resulted fram Natural causes DATE 23a BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATOR (SPECIFY) Clinton, Pr. Geo. Resurrection Cemetery 2-23-1985 Burial 24 FUNERAL DIRECTOR Lee Funeral Home Inc. 250. DATE REC'D. BY REGISTRAR Old Alexander Ferry Road, Clinton, Maryland 20735MA (VR A15 M66133 20M 4/82

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DHMH - 16 50M 4/83 (VRA 15, 4)

REGISTRAR

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DECEASED NAME

Baker ADDRESS 48 5416 Norma D. Cooper (Wife) Same as 13E PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 85 Baltimore Boulevard Md STATE S.S. Mont. 2/4/85 Colesville Cemetery Burial Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md. B. D. BY STRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO. 20. DATE OF DEATH MONTH

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12b. KIND OF BUSINESS OR

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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 84 22c DATE SIGNED PHYSICIAN T DIRECTOR PHYSICIAN [avec) MD 2070 (SPECIFY) CITY OR TOWN COUNTY Cremation 2/5/85 Cedar Hill Crematory Suitland ADDR 4,308Suitland RD 250 DATE RECT. BY SECOND 24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4) E. Wilhelm Fun Home Suitland MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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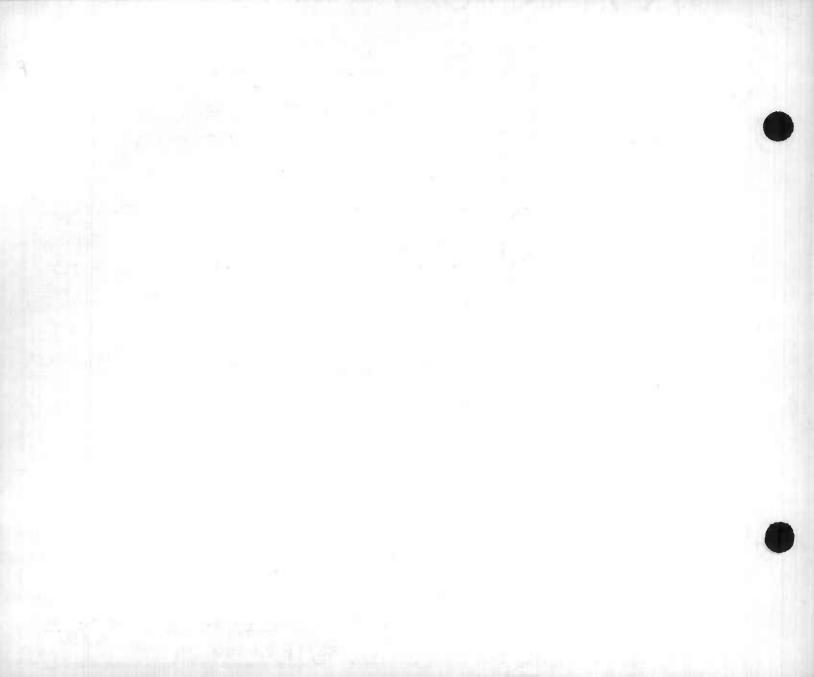
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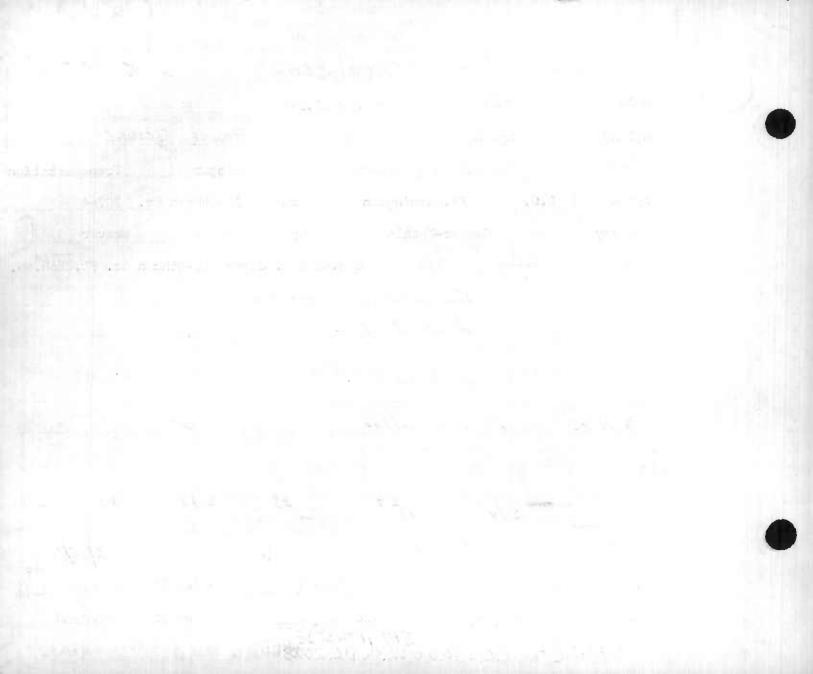
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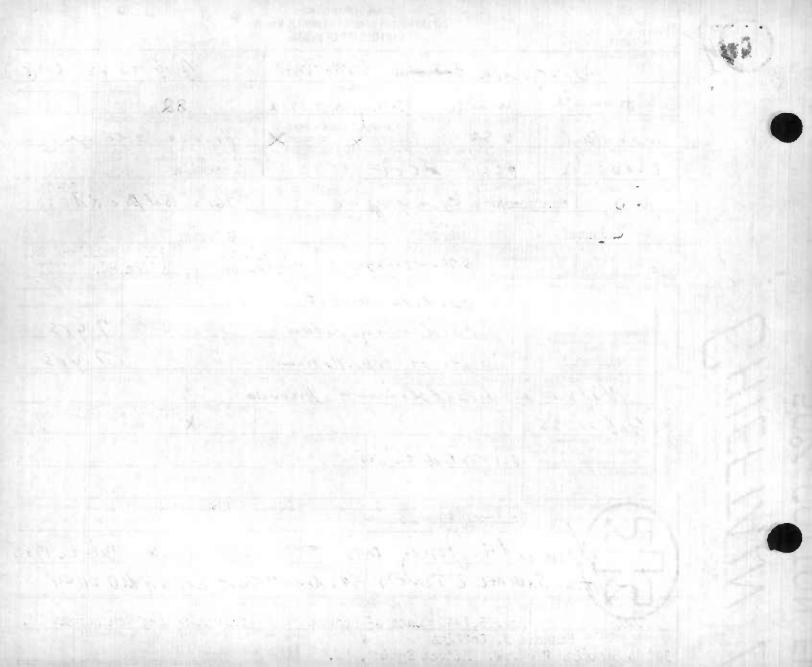
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| L | REGISTRAR | | CERTII | FICATE OF DEATH | REC | S. NO. | | | | |
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| | DECEASED NAME FIRST | MIDDLE | | LAST | 20. DATE OF DEAT | H MONTH D | DAY YEAR | 26 HOUR | | |
| | | othea Eva CRAWI | FORD | | February | 18, 198 | 35 | 6:05p.M | | |
| 1 | 5EX | 4. RACE | | OF BIRTH | 6 AGE (IN YEARS LAS | T BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. | | |
| | Fenale | Caucasian | | st 30. 1911 | 73 | YRS | DATS | MIN. | | |
| 1 | # IHP THPLACE: (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 MAPPIE | ED NEVER MARRIED | 9 BALTIMORE CIT | Y OR COUNTY | OF DEATH | | | |
| | New_York | USA | WIDOW | | Prince G | earge's | county | MD. | | |
| 9 | O CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | | OR OTHER INSTITUTION | 12a USUAL OCCUP | PATION | 126. KIND C | F BUSINESS OR | | |
| 1 | Lanham | | | Pr. Geo.'s Co | | | Colle | ge | | |
| - | 3a STATE 134 COI | | VN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRE | | | | | |
| | | e Arundel Crofton | 1 | YES X NO | 1831 Cro | fton Par | kway | 21114 | | |
| A | FATHER'S NAME | MIDDIE | | 15 MOTHER'S MAIDEN NA/ | MIDDI | E | Į AS | 57 | | |
| 1 | 1.0.000 | James McCamley | | Eva | | erine | Doel | | | |
| 2 | | SIVE WAR OR DATES! | | 17 INFORMANT | AL | 1831 Cr | ofton | Parkway | | |
| L | NO - | 057-07-1 | .020 | Marshall J. | crawiord | Crofton | I, MU | 21114 | | |
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| ı | cause lat, stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF . | | | | | | | EUD | | |
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| | OR CONTRIBUTION CAUSE OF D | HIAM | AY YEAR | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
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| 1 | | pital) attended, the deceased from | 6-1 | 3 - 10 83 | 10 2-1 | 8- | 1085 | that 📣 (we) last | | |
| 1 | saw the deceased alive of | 2-18-19 | 85. | and that in (my) (appinion o | death accurred an th | ie date and havi | and fram the | causes stated | | |
| ı | 22b. SIGNATURE | The state of the s | | | | | | SIGNED | | |
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| 1 | PHYSICIAN DIRECTOR PHYSI 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS | | | | | SICIAIN [| 12.000 | ->, ->- | | |
| 1 | JOHN (| COSMAIM | .10 | 14300 GALL | ANTF | OX. 1 | BOWIE | MD. | | |
| 2 | 30. BURIAL, CREMATION, REMOVA | AL 236. DATE 23c | NAME OF C | CEMETERY OR CREMATORY | 23d LOCATION | | | 1. 11 | | |
| 1 | Burial | February 22 Sa | cred | Heart Ch. Cem. | Bowie | | GEOTTE | ts. MD | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR LEAD (has Beall Funeral Home

Sacred Heart Ch. Cem. Bowie, Prince George's, MD

16000 Annapolis Road
Bowie, MD 20715

STATE PRINCE GEORGE'S, MD

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Fully Municipal Prince George's, MD

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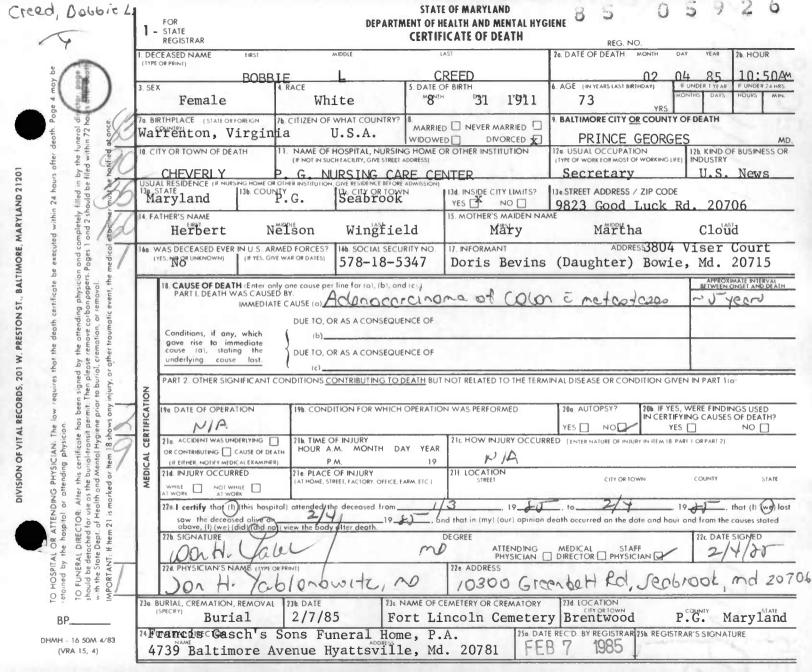
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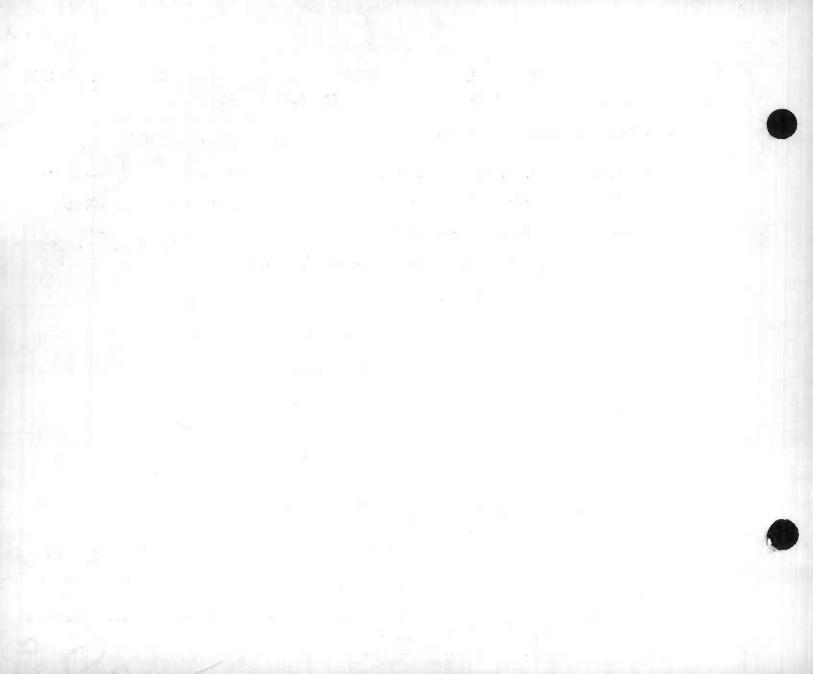
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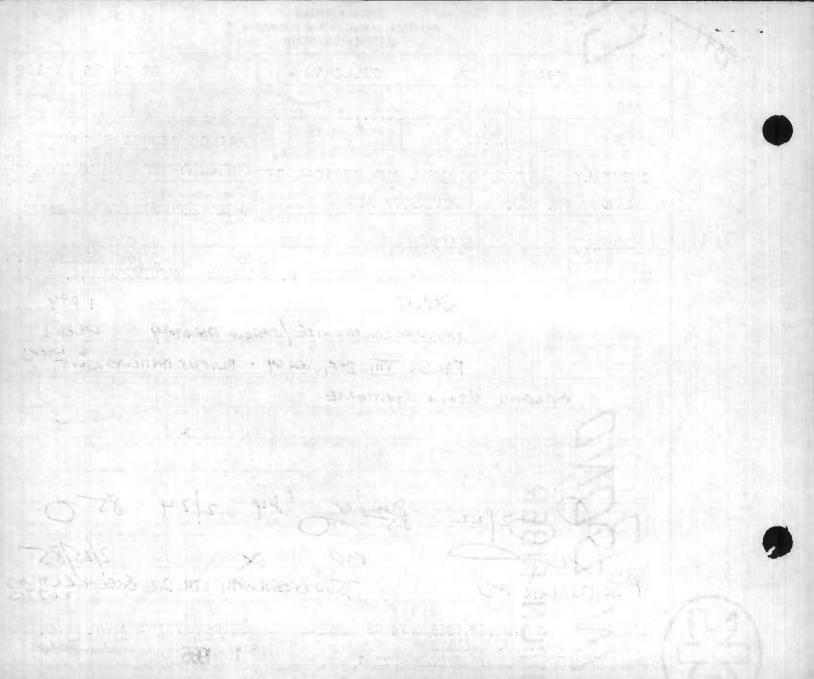
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



| H | | FOR - STATE | DEPAR | TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH | YGIENE 8 5 | 3 7 3 9 |
|--|-----|--|--|--|---|--|
| 24 | | REGISTRAR DECEASED NAME FIRST | WIDDIE | LAST CAST | REG. NO. | DAY YEAR 26 HOUR |
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| 8 85 | 1 | M ale | White | 04 17 1906 | 78 YRS | MONTHS DAYS HOURS MIN. |
| | 3 | BIRTHPLACE ISTATE ORFOREIGN COUNTRY) Virginia | U.S.A. | MARRIED NEVER MARRIED WIDOWED DIVORCED | PRIMORE CITY OR COUNT | earges CO MD. |
| To the state of th | 13 | RIVER SOLE | | ING HOME OR OTHER INSTITUTION ET ADDRESS) HOME OF THE INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Driver | 12b. KIND OF BUSINESS OR INDUSTRY Cement Company |
| ND 212 | 6 | SUAL RESIDENCE (# NURSING HOME CO. STATE 13b. COL | DR OTHER INSTITUTION. GIVE RESIDENCE BEFO JUNTY 136 CITY OR TO Hyattsv | ORE ADMISSION) WN 13d. INSIDE CITY LIMITS | | DE . |
| 1 127 | | FATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN | NAME | 1AST |
| E, M | 7 | Walter was deceased ever in u.s. a | RMED FORCES? 166 SOCIAL SEC | | | Cornell |
| BALTIMORE | / [| (YES, NO OR UNKNOWN) EIF YES, G | | | 3404 nert (Neice) Hyatt | Dean Drive |
| ST., BAL g physicite conpaper remayol. | | PART I. DEATH WAS CAUS | only one couse per line for (a), (b), (c) BY: ATE CAUSE (a) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requiremental physician. The tribis certificate hos been sign as the buriolitransis permit. There in and Mental Hygiene prior tab arked ar them 18 shows any injurior orked ar them 18 shows any injurior. | 2 | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO |
| SICIAN: TI g physici certificate rial-transi ental Hygis frem 18 sh | ~ / | OP CONTRIBUTIONS CAUSE OF D | HOUR A.M. MONTH | DAY YEAR | URRED (ENTER NATURE OF INJURY IN ITEM 18 | PART (OR PART 2) |
| DIVISION DIVIGION OF OTHER THIS CE OF THE BUT ON THE BU | | 18 EITHER, NOTHY MEDICAL EXAMIN 216 INJURY OCCURRED WHILE NOTWHILE ALWORK ALWORK | 21e, PLACE OF INJURY JAT HOME, STREET, FACTORY OFFICE | e, FARM, ETC.) 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| TEND intol or IOR: A or use or use | | 22a I certify that (I) (this has | n 2/24 19 | 95, and that in (my) (aur) apini | on death occurred on the date and ha | , 19 5 , that (I) (we) last our and from the causes stated |
| TAL OR AT TAL OR AT RAL DIRECT detached f tore Dept. or | 1 | 22h SIGNATURE | . Shuh M | | MEDICAL STAFF DIRECTOR PHYSICIAN | 2/25/85 |
| TO HOSPITAL Cretained by the TO FUNERAL Dishould be detained with the State Dishould by the State Dishould be detained by the State Dishould be detained by the State Dishould by the State Dishould be detained by the State Dishould be dishould be desired by the State Dishould by the State Dishould be | 1 | CITA K. | SHAM | 14333 L | amel Bowie 120 |) luvedud |
| | 2 | BURIAL, CREMATION, REMOVA | | NAME OF CEMETERY OR CREMATOR | 23d LOCATION CITY OR TOWN | COUNTY STATE |
| BP | 2 | Burial | 3/1/85 | Cedar Hill Cemeter | y Suitland | P.G. Maryland |
| DHMH - 16 50M 4/83 (VRA 15, 4) | ľ | Francis Gasch's | | | MAR 7 1985 | |
| | _ | 4739 Baltimore | we. Hyattsville | , Md. 20/81 ' | 1303 1 | Muser-Randale |

medical and a state of a second of the second

| - FOR | | | STA DEPARTMENT OF | TE OF MARY | | YGIENE 5 | 0 5 9 | 3 1- |
|---|---|----------------------------|--|-------------------------------|---|---|-------------------------|------------------------------|
| - STATE REGISTRAR | | ME | DICAL EXAMIN | IER'S CERT | IFICATE O | F DEATH RE | EG. NO. | |
| 1. DECEASED NA. | I lands | Tra | MIDDLE | Dade | | 20 DATE KNOV OF ESTI DEATH MATE | | YEAR 26. HOUR |
| 1 SEX Male | | DATE OF BIRTH | YEAR LAST BIRTHE | ARS IF UNDER | YR. IF UNDER | 24 HRS. 2c. DATE PRONOUNCED DEAD | 2-10 | YEAR 2d HOU |
| To BIRTHPLACE FOREIGN COUNTRY | | U.S | HAT COUNTRY? | 10 | NEVER MARRIE | D L A | SENGE: | |
| FOR W | | | SPITAL, NURSING HOM | | | 120. USUAL OCCUPATIO FOR MOST OF WORKING LIN Supervise | N (TYPE OF WORK 12b KIN | DOF BUSINESS INDUSTRY Bldg. |
| USUAL RESIDENCE | CE I IF IN NURSING HOME OR O | | 130 CITY OR TOWN | | NSIDE CITY LIMITS? | 13e STREET ADDRESS | ghran Rd. | 20744 |
| 14. FATHER'S NA/ FIRST Traver | ME | MIDDLE | Dad e | 15. A | NOTHER'S MAIDE | | | AST |
| | SED EVER IN U.S. ARME | ED FORCES? AR OR DATES) | 166. SOCIAL SECURIO 087-09-4 | Y NO. 17. IN | FORMANT | Winston-Se | DRESS | TO COLUMN |
| gove cause lying c | rise to immediate (a) stoling the under- couse lost. R SIGNIFICANT CONDITIONS CO. PLANTING OF OPERATION | ntributing to death | R AS A CONSEQUENCE BUT NOT RELATED TO THE TER WHICH OPE | MINAL DISEASE OR CO | | T I (o) | 20. A | UTOPSY? |
| UNDERLYIN | NAL CAUSE WAS NG OR JTING CAUSE OF DE | | A. MONTH DAY YEA | R 21c HOW IN | JURY OCCURRED | OI YAULMI TO SHUTAM RETME) | | ES NO |
| 21d INJURY WHILE AT WORK | Y OCCURRED | 21e PLACE | A. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.) | ZIF. LOCATIO | N | CITY OR TOWN | COUNTY | STATE |
| AI WORK | AT WORK | | | | | | | |
| 22a. I ce | ertify that I taak charge ulted fram: Natural | | Accident . S | | Inspection Hamicide , TLE (SPECIFY) Deputy | | | -10-85 |
| 220. I ce death rest ACTUAL SHONATUR EXAMINER (TYPE OR P | ertify that I taak charge ulted fram: Natural | to P. Rodri | Accident , S. Accident , S. | vicide , TI M.D ADDR | Homicide . TLE (SPECIFY) Deputy ESS 5009 Ra | Undetermined manner MEDICAL EXAMINER ayburn Ct., Ten 133 LOCATION CITYOR TOWN BLADENS | DATE SIGNED Z | STATE |

J. J. W. S. S. S. W. W. 3.C. T. S.A. .abia .tch or regivered by the second contract of the thing P.G. Et. Machineton x 9000 Loughran Md. eibse else 000 2767787 087-09-4292 Monno Anston-Lame of vis The state of the s

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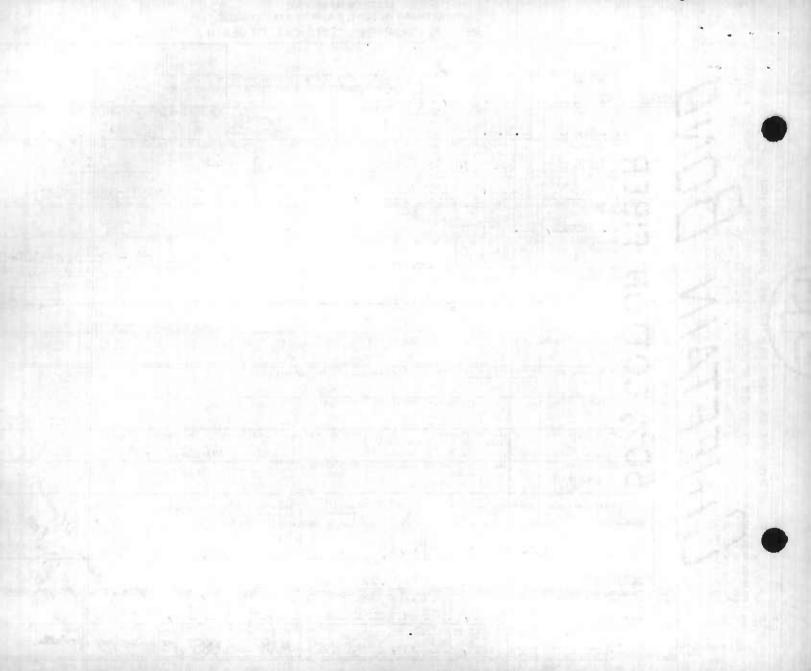
| | 1. | FOR | | D | | | AARYLAND I AND MENTAL I | YGIENE 5 | 0 5 | 9 3 | 2 |
|--|---------------------|---|--|----------------------------|---|------------------|-----------------------------------|--|----------------------|---------------------------|-------------|
| 14 | 1- | STATE REGISTRAR | | | ICAL EXAMIN | | CERTIFICATE C | PENEATH | EG. NO. | | |
| 20年42年 | | CEASED NAME PE OR PRINT) AL | FIRST | | WIDDLE U. | DA | VIS | 20 DATE KNOW OF EST DEATH MAT | 1. 1550 | 3 4 10 GC | 26 HOUR |
| A SHAPE | Pe Fe | | hite | 5. DATE OF BIRTH MONTH DAY | YEAR 1910 74 | | | 24 HRS. 2c. DATE MIN PRONOUNCED DEAD | MONTH | DAY YEAR 4 1985 | 2d HOUR |
| A SANGAR | () F | IRTHPLACE (STATE OF OREIGN COUNTRY) | R | 76. CITIZEN OF WHA | | 8 MARRI WIDOW | | | - | TY OF DEATH | MD |
| ELAY IS N TO THE R V PAGE 3 BE FILED. | ZOR | ITY OR TOWN OF D | EATH | | ITAL, NURSING HOM | S. OR OTH | ER INSTITUTION | 120 USUAL OCCUPATION FOR MOST OF WORKING LI | N TYPE OF WORK | OR INDUSTR | RY |
| ANY DI AND 31 RETAIN RECORD | | AL RESIDENCE (IF IN | NURSING HOME OR | OTHER INSTITUTION, GIVE | RESIDENCE BEFORE ADMISS 134, CITY OR TOWN | | 13d. INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS | ave | 20781 | |
| DEATH. 1255 1, 2, 3, A PM 3, A PM 3, A AND 2 S | 164 | ATHER'S NAME FIRST Richard | | enry | Underwood | | 15. MOTHER'S MAID FIRST Tda | Virg | | Cornell | |
| ANTIMOR JRS AFFER DE WITH FORM DIVISION | 1 160 | WAS DECEASED EVE YES, NO, OR UNKNOWN] | (IF YES, GIVE W | | 579-26-41 | | Mr. Josep | h S. Davis, | | ress Sam 13e. | e as |
| 201 W. PRESTON ST. UTED WITHIN 24 HOL IN PENCIL IN ITEM 15 EXAMINER ALONG: RIAL-TRANSIT PERMI | OR REMOVAL. | Conditions, if gove rise to couse (o) statillying couse lo | IMMEDIATE ony, which immediate ng the under- | DUE TO, OR A | | OF | gediac | DISEASE | | APPROXIMATE BETWEEN ONSET | AND DEATH |
| AL RECOI DULD BE E O"PENDII IEF MEDII SED AS A F HEALTH | AL, CREA | PART 2 OTHER SIGNIFIC NO M 190 DATE OF OPE | E | | ON FOR WHICH OPE | | E OR CONDITION GIVEN IN PA | RT I (g). | | 20 AUTOPSY? | NO X |
| > 0,00,87 | CAL GERT | 210 EXTERNAL CA UNDERLYING CONTRIBUTING | OR | | MURY MONTH DAY YEA | R 21c. HC | OW INJURY OCCURRE | ED (ENTER NATURE OF HUURY IN | ITEM 18 PART T OR PA | | NO W |
| IN SAFE | 8 | WHILE OCCU | OT WHILE WORK | | FINJURY IATHOME, DRY, FARM, ETC.] | | CATION | CITY OR TOWN | cc | DUNTY | STATE |
| TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; P. | IIMORE, MARYLAND, 2 | 220 I certify the death resulted from ACTUAL SIGNATURE EXAMPLES NAM | om: Noture | N | Eger | Autop vicideM | Homicide | Inquiry, Undetermined monner MEDICAL EXAMINER Seminary Rd. | ond in my o | 2(5) | 185 |
| BB EXEC | ¥ 230.1 | SURIAL CREMATION SPECHY) Buri | ,REMOVAL 23 | b DATE | 23c. NAME OF CE | METERY O | R CREMATORY | 23d LOCATION CITY OR TOWN Brentwood | P.G | INTY ST | and |
| DHMH - 17 (VR A15 ME 20M 4/82 | (5)) F | UNERAL DIRECTOR | Sons F | H. P.A. | Hyattsvill | e, Ma | | REC'D. BY REGISTRAR 256 | REGISTRAR'S | SIGNATURE | |

trot claust routs forth THE PARTY OF THE P Cleman Himigriy which brails in all aller about the " -21-125 Pr. Tonon S. Savie, Sm. to 170. 1910 Seminary Od. 511. Tor. 16. John Street, N. Liceli budden 7,1000 cost finesin fractory front in 1,000, territorial

STATE OF MARYLAND

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| jumo s'ource | rrince | × | . 6.7.7 | Ineforma |
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| e Avenue 20712 | 7114 Claymor | × | cerrote Hyreteville | estina attitue. |
| er. T. Pri | | 9111 | ntnimo(mark) . T | riseld+) |
| .0"1 0" | Factors - no | diff .dk | 1875-98-212 | |
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| |) Serinar, read ver Sarine, Yea | | b. Rogers, N.D. | dob |
| r.s. langlan | honelman | - Mary Mary | ntnort, .te mentalio | nolinemi |
| | | boolens | officether | Ento a' loan . |

| 1, | Items 18-22a 5/1/85 mtb F#603 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE 5 5 5 | 134 |
|-----------------------|--|--|
| 1. DE | STATE THEM 228 5/6/85 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. ECCASED NAME FIRST MIDDLE LAST 20 DATE KNOWN MONTH DATE CONTROL OF DEATH REG. NO. | AY YEAR 26. HOUR |
| 3 SE | MICHAEL E DAVIS OF ESTI- DEATH MATED 2-23- X 14 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH DA | |
| Ma | ale Gaucasian January 15,1951 34 yrs. NONTHS DAYS HOURS MIN PRONOUNCED DEAD 2-24- SIRTHPLACE (STATE OR 7/6 CITIZEN OF WHAT COUNTRY? 18 | -85 11:15 |
| W | OBERGN COUNTRY) Vashington, DC U.S.A. WIDOWED □ DIVORCEDXXX Prince George's (| County MD |
| 2 - | Temple Hills St. Igmatius Church parking lot Mechanic PE | KIND OF BUSINESS OR INDUSTRY PCO |
| 13a. S | AL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 132, COLVITY 133, CITY OR TOWN Aryland Prince George's Camp Springs YES X NO (1) 6405 Glen Oak Drive | (20748) |
| Ed | ATHER'S NAME FIRST Amond J. Davis, Sr. Is. MOTHER'S MAIDEN NAME Catherine Simeon | LAST |
| .0 | was deceased ever in u.s. armed forces? Yes, no, or unknown) N/A 166. Social security no. 17. Informant address John & Catherine Guidoni – Sam | e As #13A- |
| NC | Conditions, if ony, which gove rise to immediate cause (a) Diphenhydramine intoxication (b) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF 1 DUE TO, OR AS A CONSEQUENCE OF 1 DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T ID. | |
| MEDICAL CERTIFICATION | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | D AUTOPSY? |
| MEDICAL CERTIF | 216 EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH P.M. 2/? 19 85 ingestion of drugs 21d INJURY OCCURRED (ENTER NATURE OF INJURY IN TERM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (ENTER NATURE OF INJURY IN TERM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (INTURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (INTURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (INTURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (INTURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (INTURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (INTURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (INTURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (INTURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (INTURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (INTURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (INTURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (INTURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (INTURE OF INJURY INTURE OF INJURY IN THEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED (INTURE OF INJURY INTURE OF INJUR | STATE |
| | 226. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection II, Inquiry II, and in my apinion death resulted from: Notural causes II, Accident II, Suicide II, Hamicide III, Undetermined manner IX, TITLE (SPECIFY) ACTUAL SIGNATURE DATE SIGNATURE DATE SIGNATURE | 2-25-85 |
| 4 | EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street | |
| Bu | BURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY UTIAL February 27, 1985 Resurrection Cemetery Clinton, Maryland | STATE |
| | FUNERAL DIRECTOR Lee Funeral Home, Inc. NAME Old Alexander Ferry Road. Clinton, Maryland MAR 1 1985 | ATURE Mandale |



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| Ι, | - STATE REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. N | 0. | | |
|---------------|------------------------------------|---------------|--------------------|---|-------------|---|--|------------------|------------------------|-----------------------------------|
| | ECE ASED NAME | FIRST | | MIOOLE | | AST | | | DAY YEAR | 2b. HOUR |
| | V | VILLA | MA | J. | DE | ENT | | 02-0 | 1-85 | 2:50PM |
| 3. S | | 4 | RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BIRT | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | Male | | White | | Jul | y 15, 1901 | 83 | YRS | MOTHIO DATE | |
| | BIRTHPLACE (STATE OR FO | DREIGN 7 | | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY | R COUNTY | OF DEATH | |
| | Md. | | U.S.A | | WIDOWE | DIVORCED | PRINCE GEOF | | | MD, |
| 10 0 | CITY OR TOWN OF DEA | TH 1 | | HOSPITAL, NURSIN H FACILITY, GIVE STREET | | OR OTHER INSTITUTION | 12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O | F WORKING LIFE | E) INDUSTRY | Dept. |
| 1 | CHEVERLY | | PRINCE | GEORGE ! | S GENE | ERAL HOSPITAL | Ret. Sur | veyo | r of N | lavy |
| 130 | JAL RESIDENCE (IF NURS | 13b. COUNT | OTHER INSTITUTION, | 13. Lengton | er (SION) | 134. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | | (20784 |) |
| | Md. | Pr. | Geo. | Hill | S | YES X NO | 4303 - | 74th | Avenu | e |
| 1 | ATHER'S NAME FIRST | | DOLE | LAST | | 15. MOTHER'S MAIDEN NA | MIOOLE | 7 | LAS | |
| 140 | Willia WAS DECEASED EVER | | T. | Dent | IDITY NO | Celeste | B. | | Penbro | |
| | (YES, NO OR UNKNOWN) | (IF YES, GIVE | | | | Richard J | , | on) | Same | |
| H | No | | | 236-01- | A | RICHARD 3 | Dent (S | on) | | IMATE INTERVAL ONSET AND DEATH |
| | PART I. DEATH W | AS CAUSED | BY: | Ca u f | ON NO | extradoris- | Failus | | BFTWEEN | ONSET AND DEATH |
| | | IMMEDIATE | | 0000 | WIG | The man mi | 1000001 | | 3.52 | ary 5 |
| | Conditions, if ony, | which | DUE TO, O | RAS A CONSEQUE | LI A O | anderson | cleresis | | 102 | ear |
| | gove rise to imm | nediote | DUE TO O | R AS A CONSEQUE | ENICE OF | 100000000000000000000000000000000000000 | 1 × 3 | | | |
| | underlying cause | | (15) | anley | LAS | cleratic Re | eard Duce | exi | 1 4e | an |
| _ | PART 2 OTHER SIGN | NIFICANT CO | ONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIV | EN IN PART TH | 01 |
| ě | 4 | YAS | THEL | 11A 6 | PAVI | 15 - UIABE | | LIT | | |
| CERTIFICATION | 196 DATE OF OPERAT | HON | 196. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES | S, WERE FINDING CAUSES | OF DEATH? |
| Ē | 21a. ACCIDENT WAS UND | SERVING | 21b. TIME O | EINILIBY | | Tit. How by turny occurs | YES NOW | YE | | NO 🗌 |
| | OR CONTRIBUTING | AUSE OF DEAT | HOUR A. | M. MONTH D | AY YEAR | 21c. HOW INJURY OCCUR | KED (ENIER NATURE OF INJU | KY IN ITEM 18, P | PART I OR PART 2) | |
| MEDICAL | (IF EITHER, NOTIFY MEDICA | | P. 21e PLACE | | 19 | 211 LOCATION | | | | |
| ME | WHILE NOT WH | HILE [| (AT HOME, STE | REET, FACTORY, OFFICE, F | ARM, ETC.) | STREET | CITY OR TO | ٧N | COUNTY | STATE |
| | 220 I certify that (I) | (this hospita | | | JAM | 1 1984 | _, to FFB | 1 | 19.81 | that (1) (we) dost |
| | sow the decease above, (1) (we) (a | id) (did not) | view the body | ofter death. | <u>5</u> | nd that in (my) (سبع) opinion | death occurred on the d | ote and hou | r and from the | couses stated |
| | 226. SIGNATURE | 0 | 0 | | /11 | DEGREE | MEDICAL STA | | 22c. DATE | SIGNED |
| | Hem | ul | AMM | ugar | M | PHYSICIAN [| DIRECTOR PHYSIC | IAN | 2/1 | 185 |
| | 226. PHYSICIAN'S NA | TYPE OR | FRINT) | 1600 | | 220. ADDRESS 463 | 7 EASTER | NA | VE | 51734 |
| | DNHVE | L V., | VIUL | 19410 | | MT. 1201 | NIER, M |) 2 | 0712 | |
| 230. | BURIAL, CREMATION, | REMOVAL | 23b DATE | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | - | COUNTY | STATE |
| | Burial | | 2-4- | 1985 | Ft. L | incoln Cem. | Brentwo | 00 1 | Pr. Geo | . Md. |

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

should be detached for use as the buriof-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to buriof, cremation, or removal

IMPORTANT: If Item 21 is morked or Item 18 shows ony

24 FUNERAL DIRECTOR
Nalley's F.H.Inc. Mt. Rainier, Md. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julie Savidson Randalle

TOTAL TUE. The state of the s Závolesa de la companya de la compan The state of the s and a version of the second secon within 24 hours

executed

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

or attending physicion.

etained by the hospital

BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | CERTIF | ICATE OF DEATH | REG. NO. | |
|---|--|--|--|---|---|
| | I. DECEASED NAME FIRST VINC | | RA | 20 DATE OF DEATH MONTH | 1 85 10:59 pm |
| | 3 SEX | 4. RACE / 5. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER TYEAR IF UNDER 24 HRS |
| | MALE | Filipino MA | R 24 1912 | 72 YRS. | MONTHS DAYS HOURS MIN. |
| þ | 78. BIRTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF WHAT COUNTRY? 8. | D NEVER MARRIED | BALTIMORE CITY OR COUNT | Y OF DEATH |
| h | Philippine Island | S U.S.A. WIDOWE | | Prince Geor | ge's MD. |
| 7 | M. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME C | | 12a USUAL OCCUPATION | 12h KIND OF BUSINESS OR |
| | Camp Springs | Malcolm Grow Medical | Center | Military - Ret | U.S. Navy |
| 1 | 13a STATE 13b. COU | R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN SEE George Oxon Hill | 134 INSIDE CITY LIMITS? YES K NO [] | 13e STREET ADDRESS / ZIP COL 403 Gibson Dr | ive 20745 |
| 1 | 14 FATHER'S NAME FIRST | MIDDLE LAST | 15. MOTHER'S MAIDEN NAM | MIDDLE | LAST |
| J | Bernardo | DeVera | Marciana | WIDDLE | Macaraeg |
| | 160 WAS DECEASED EVER IN U.S. AF | | 17. INFORMANT | ADDRESS C | bson Dr. |
| J | | ve war or dates) - Korea 578-50-0018 | Mercedes E. | DeVera Oxon I | Hill. Md. |
| 1 | IS CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | nly one couse per line for (0), (b), and (c) ED BY: Card TE CALISE (a) Or do yu mana | iopulmonary Ai | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | | Pulmonary Ede | | IVEN IN PART 110 |
| | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH OPERATIO | N WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\sum \) NO \(\sum \) |
| 5 | DESCRIPTION OF THE PROPERTY OF THE | HOUR A.M. MONTH DAY YEAR | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITEM 18 | |
| | OKCONNIBUTING CAUSE OF DE OF ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | saw the deceased alive or | (in) ottended the deceosed from 19.55, or | nd that in (my) (bur) opinion d | , to | ur and from the couses stated |
|) | 22b. SIGNATURE | | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 12. DATE SIGNED |
| | 27d PHY LAN SNAME (PIPE | | | lcolm Grow Medic ndrews Air Force | |
| | 230. BURIAL, CREMATION, REMOVAL Burial | t t tm . | emetery or crematory on Nat'l. Cem. | 23d LOCATION CITY OF TOWN Arlington | Virginia |
| | 24 PM WOALDWECTOO! | | | DEC.D BY DECICIEND ST. DECIS | TRANSCICALATION ! AND |

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician

should be detached for use as the burial-transit permit. Then please remave corbangage with the State Dept, at Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Item 21 is morked or Item 18 shaws any

injury, or ather troumatic event, th

whereast next the said and THE RESIDENCE OF THE PROPERTY Market and the second second second second ERROR SELECTION OF THE PARTY OF

BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

| FOR - STATE | | | DEPA | RTMENT OF H | EALTH AND MENTAL H | YGIENE | 3 | U | 3 | 7 | 3 / |
|---|--|---------------------------------|--|---|--|-------------------------------|--------------------------------------|--------------|----------|------------|----------------------------------|
| REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. N | 10. | | | |
| DECE ASED NAME TYPE OR PRINT) | LORETT | | L L | DE | NEY | 2a. DATE | OF DEATH | MONTH 02 | DAY 02 | YFAR 85 | 25. HOUR 12: 50P |
| SEX | 4. | RACE | | S. DATE C | F BIRTH | 6 AGE (H | YEARS LAST BI | RTHDAY) | | ERTYFAR | IF UNDER 24 HRS |
| Female | | Caucas | lan | Febr | uary 7, 1916 | 5 | 68 | YRS. | MONTHS | DAYS | HOURS MIN. |
| BIRTHPLACE (STATE O | R FORFIGN 7b. | CITIZENOF | WHAT COUNT | RY? 8 | D NEVER MARRIED | 9 BALTIM | ORE CITY | OR COUNT | | | |
| Ohio | | USA | | WIDOWE | | | PRINCE | | | | unty MD. |
| CHEVERLY | EATH 11 | | | | RAL HOSPITAL | LTYPE OF W | COCCUPATOR FOR MOST | | LIFE) IN | DUSTRY | of Business or vernment |
| SUAL RESIDENCE IF NO BE STATE STATE | 13b. COUNTY | | 13c. CITY OR T | | 13d INSIDE CITY LIMITS? | | ADDRESS Old (| | | ve | 20716 |
| FATHER'S NAME | | | | | IS. MOTHER'S MAIDEN | NAME | | | | | |
| Jessie - | A. | | Love | | Minnie | | MIDDLE | | | Mars | |
| (YES, NO OR UNKNOWN) | R IN U.S. ARME | | 166 SOCIAL SI | -3215 | Dana Dewey | | ll of tchell | | | | and 2071 |
| Conditions, if or gove rise to in couse (o), sto underlying counderlying country of the country | mmediate ting the ise last. | DUE TO, O | R AS A CONSE HYPOTHE DITRIBUTING | LYCEMIA OUENCE OF RMIA FT TO DEATH BUT | AND ADULT DISTRESS TOLOGY UNCL NOT RELATED TO THE TE | S SYNDR EAR RMINAL DISE | ASE OR CONTOPSY? | 20b. IF Y | 'ES, WER | RE FINDI | NGS USED OF DEATH? |
| | CAUSE OF DEATH | | M. MONTH | DAY YEAR | 21c. HOW INJURY OCC | URRED (ENTER | | | YES [| RPART 2) | NO 🗌 |
| (IF EITHER NOTEY ME 21d. IN JURY OCCU WHILE NOT AT WORK | | P. 21e PLACE (AT HOME STE | | IQE, FARM ETC) | 211 LOCATION STREET | | CITY OR T | OWN | CI | OUNTY | STATE |
| 22a 1 certify that sow the dece | (I) this hospital ased olive on) (did) (did not) | | | 0/ | nd that in (my) (our) opini | 5 , to | 2/2 | dote and h | | from the | that (I) (we) lost couses stated |
| 22b. SIGNATURE | Archie | French | / ml | | DEGREE ATTENDING PHYSICIAN | | AL STA | AFF ICIAN | 1 | 2/ | SIGNED |
| 22d PHYSICIAN'S | PARE STYPEORP | . 0. | INSKY | | 22e ADDRESS P664 | MC | P.G. (| Gen. | Hosp | | |
| BURIAL, CREMATION | N, REMOVAL | Februs | A SARRY CO. | | Washington (| | CATION HY OR TOWN elphi | , Pri | nce | Geor | ge's, MI |
| FUNERAL DIRECTOR | feel he | Makes | 1600 | | olis Road 25a. | B 5 | | R 25b. REGI | STRAR'S | SIGNAT | |

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| Courts | | х | A | U | oido |
| eerstary (Set.) US Covern.ens | Janes . | | | 14- | |
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| Louisia. | Common del como de | | rol | 4.5 | Jessie |
| 5511 01d Crain Frive Nitchellville, Maryland 2071 | una Dewey | 3-3215 Is | E-777d - | No. May tak 600 | 0 |
| | 11300A Y90 | TA TO STATE OF | ב | | |
| TOTAL SECTION OF THE PROPERTY OF | | A.ADEOYJO | o'm | | |
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| P.G. Gen. Hosp. | | | | | |
| n. Adelphi, Prince Goorge's, ID | hington ou | asi ogros | ruary ogs | | Internal |
| | | 00 Amapoli | No.I | | Feell Pune |

| 4 | FOR STATE REGISTRAR |
|---|-------------------------------------|
| | 1. DECEASED NAME (TYPE OR PRINT) |

corbon popers. Pages 1 and 2 shalle be fi

3. SEX

| DEPART | MENT OF H | OF MARY EALTH AND ICATE OF | MENTAL HY | | REG. | O NO. | 5 | 9 | 5 6 | • |
|--|---------------|----------------------------------|---------------------------------|------------|------------|--------------|-----------|-----------------|------------------|----------|
| MIDDLE | - 1 | AST | | 20. DATE C | OF DEATH | MONTH | DAY | YEAR | 2b. HOL | JR |
| P | Do | rr | | | | 2 | 26 | 85 | 95 | PM |
| | S. DATE C | | YEAR | 6 AGE IN | YEARS LAST | BRTHDAY) | MONTH | DER I YEAR | IF UNDER | AIN. |
| OF WHAT COUNTRY | Sepi | | 1913 | 9. BALTIM | ORE CITY | OR COUN | | EATH | | |
| SA | WIDOWE | | DIVORCED [| | ice G | eorge | x Co | unty | | MD. |
| OF HOSPITAL, NURSI SUCH FACILITY, GIVE STREE d Memoria | T ADDRESS) | | STITUTION | | | T OF WORKING | GLIFE) IN | L KINDO IDUSTRY | | ESS OR |
| 13c. CITY OR TO | RE ADMISSION) | | CITY LIMITS? | 13e STREET | ADDRES | | ODE | al | 17 | 40 |
| LAST Dori | c | | r's MAIDEN N FIRST zabetl | AME | MIDDLE | | | 'Fl | | |
| S? 16b. SOCIAL SEC | | 17. INFORM | | orm om | | RESS 50 | 7 - | Mead | lowb | rool |
| 579-20 | | Gerti | rude N | ewnam | / 5. | rrvei | . п. | | MD IMATE INTE | RVAL |
| per line for (a), (b), a | (MON | IIA | | | | | | 10 | DA | DEATH /S |
| | | | | | | | | | | |

| 1 | Male W | hite | Sept | . 2 | 1913 | 71 | | YRS. | | | |
|-----|--|---|--------------|------------|-----------------|------------------|-------------------|--------------|------------------------|---------|--------------|
| | 70. BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) | CITIZEN OF WHAT COUNTRY? | 8 MARRIED | | R MARRIED XX | 9. BALTIMORE | _ | | | H | |
| | Washington DC | 000 | WIDOWE | | DIVORCED [| | Georg | | | | MD. |
| 5 | | NAME OF HOSPITAL, NURSING | | R OTHER IN | NSTITUTION | 120. USUAL OC | | | 2b. KIND OF NDUSTRY | BUSINES | SS OR |
| ř | Riverdale L | eland Memorial | Hospi | tal | | Dri | ver | | Priva | ite | |
| | USUAL RESIDENCE HE NURSING HOME OF OTH 130. STATE 13b. COUNTY | 13c. CITY OR TOWN | . 1 | 13d INSIDI | E CITY LIMITS? | 13e STREET ADI | DRESS / ZIP | CODE | 20 | 174 | 40 |
| d | Maryland PG | College | ark | YES X | | 7206 B | owdoi | n Av | e | | |
| | FATHER'S NAME | DIF LAST | | 15. MOTHE | ER'S MAIDEN NAM | | AIDDLE | | LACT | | |
| i i | | P Dorr | | Eli | zabeth | | NIDUK | | O'Fla | | |
| | 160 WAS DECEASED EVER IN U.S. ARMEI | | ITY NO. | 17. INFOR | MANT | | ADDRESS 5 | 002 | Mead | cdwo. | rool |
| | (YES, NO OR UNKNOWN) 1# YES, GIVE W | 579-20- | 1544 | Gert | rude Ne | ewnam/ | Silve | er H | ill, | MD | |
| | 18 CAUSE OF DEATH (Enter only o | one couse per line for (a), (b), and | | | | | | | APPROXIM BETWEEN O | | VAI DEATH |
| ŀ | PART I. DEATH WAS CAUSED B | | MON | IA | | | | | 10 | DAY | 5 |
| | | DUE TO, OR AS A CONSEQUEN | NCE OF | | | | | | .2 . | | 110 |
| | Conditions, if any, which gove rise to immediate | 16) BONE MI | grron | FAL | LURE | | | | 2 M | ONT | 145 |
| | couse (a), stating the sunderlying couse lost | DUE TO, OR AS A CONSEQUEN | | a | | | | | UNI | KNO. | WN |
| | | 10 LEUKI | | | | | | | | | |
| | PART 2 OTHER SIGNIFICANT CON | nditions <u>contributing to di</u> | EATH BUT I | NOT RELAT | TED TO THE TERM | INAL DISEASE C | R CONDITIO | N GIVEN | N PART 110 | | |
| 7 | NO DATE OF OPERATION | 196. CONDITION FOR WHICH C | PERATION | WAS PER | RFORMED | 20e AUTOPS | | | ERE FINDING | | |
| | TIES CONTRACTOR OF THE CONTRAC | | | | | YES - N | 10 | YES [| | NO [| |
|) | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONTH DAY | YEAR | 21c. HOW | INJURY OCCURE | RED (ENTER NATUR | E OF INJURY IN IT | EM 18 PART I | OR PART 2) | | |
| | ₹ | P.M. | 19 | | Marie Co. | | | | | - 4 - | |
| | 21d. IN JURY OCCURRED | 21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FAI | RM ETC | 21f. LOCA | ATION REET | | ITY OR TOWN | | COUNTY | ST | TATE |

21f. LOCATION

CITY OR TOWN

COUNTY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

sow the deceased alive on bove, (1) (we) (did (did nat) view the body after death

SIIHW

NOT WHILE

22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive on

FIRST

Vincent

4. RACE

22e ADDRESS

DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

23a BURIAL, CREMATION, REMOVAL BURIAL

23b. DATE 2MARCH85

Resurrection Cemetery Control 23d LOCATION Resurrection Cemeter LINTON 23¢. NAME OF CEMETERY OR CREMATORY

COUNTY

STATE MD

DHMH - 16 50M 4/83

BP.

(VRA 15, 4)

and Mental Hygiene prior morked or Item 18 shows ony

the State Dept of Heolth

PORTANT: If Hem 21 is

OR ATTENDING PHYSICIAN: The

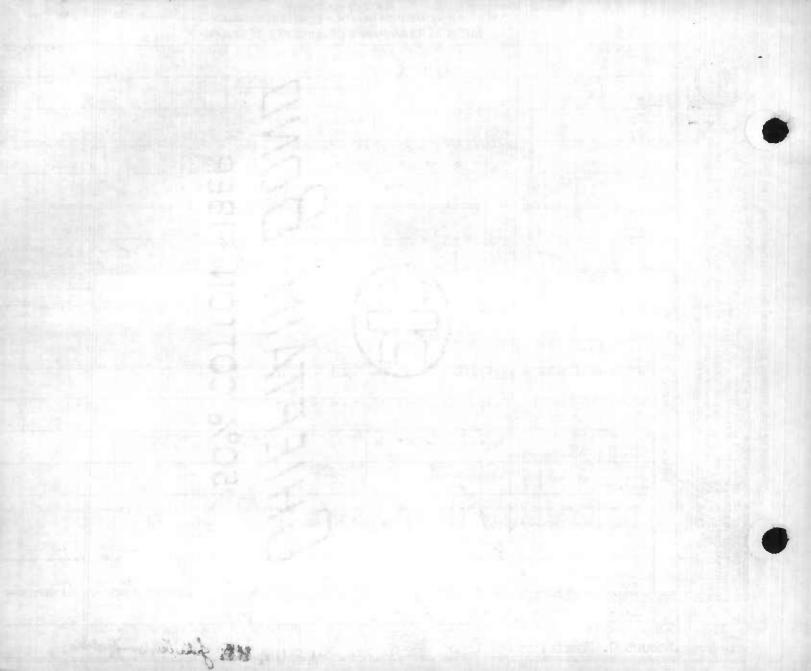
4308 Suitland Rd 24 FUNERAL DIRECTOR Robert E Wilhelm Funeral Home Suitland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S ST

PG

Silver Spri

| | 12 30 | _ | ems 18- FOR STATE | -22a 5/21 | | | MENT OF | HEALTH | ARYLAN | NTAL H | | 5 | 0 5 | 9 | 3 | 9 |
|---|--|--|---|--------------------------------------|---|--------------|----------------|---------------|-----------------------------------|------------------|--|---------------------|---------------------------|-------------|-------------------------|-------------------------|
| | | | REGISTRAR | | MEL | | EXAMIN | NER'S | | ATE O | FDEATH | REC | G. NO. | | | |
| - | | | DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH (TYPE OR PRINT) | | | | | | | | | H DAY | YEAR | 26 HOU | | |
| | ※ は は を と と と と と と と と と と と と と と と と と | William Hillary Dorsey Death Mated □ 2 | | | | | | | | | | > | 19 85 | 5 | | |
| 1 | SPECE! | 3 SEX | (| 4 RACE | 5 DATE OF BIRTH | YEAR | 6. AGE (IN Y | | | IF UNDER | | DATE | MONT | H DAY | YEAR | 2d HOU |
| , | 20000 | Ma | ale . | AfroAmer | Dec 4 | 48 | 36 v | rRS. | DATS | HOURS | MIN PRO | DEAD | - 2 | 20 | 19 85 | 10:4 |
| | 22 2 2 5 Apr | 70. BI | RTHPLACE (5) | TATE OR | 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT | | | | | | | | | NTY OF D | EATH | |
| | BAS S | I | O.C. | | USA WIDOWED DIVORCED X Prince George | | | | | | | | 's Co | ounty | J MI | |
| | SHR2 | ID. C | TY OR TOWN | OF DEATH | II. NAME OF HOSE | PITAL, NU | IRSING HOM | E, OR OTH | ER INSTITUTI | ION | 120 USUAL | OCCUPATION | TYPE OF WOR | K 12b KIN | ND OF BU | SINESS |
| | TO THE N PAGE BE FILED | Suitland | | | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 4001 Suitland Road | | | | for most of working life) Disable | | | , | None | | | |
| 11201 | IF ANY DELA 2, AND 3 TO 3. RETAIN PA SHOULD BE PALE ALRECORDS | USU | | | R OTHER INSTITUTION, GIV | E RESIDENCE | OR TOWN | ION) | 13d. INSIDE CIT | Y LIMITS? | 13e. STREET | | | 16 | 100 | 00 |
| 9 | | 14 F/ | ATHER'S NAME | l l | | | | | 15. MOTHER | | N NAME | | | | | |
| A, | ES S S S S S S S S S S S S S S S S S S | | Will | None | | | ing | Agn | IST | None | | | Dorsey | | | |
| NO. | PAGE ORAN ON ORAN | 16a V | VAS DECEASE | DEVER IN U.S. ARA | MED FORCES? | | CIAL SECURI | TY NO. | 17. INFORM. | | ster | | RESS | DOL | sey | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 | URS AFTER 8. GIVE PA WITH FOR T. PAGES I DIVISION | (7 | NO. OR UNKNO | | WAR OR DATES) | 518 | 64 90 | 97 | Dorot | | atcher | 803 E Washi | RESS Bellvion ngton | ew St DC | .,SE | #302 |
| ST. | 24 HOUR ITEM 18. LONG W PERMIT, SIENE, D | | IN CAUSE O PART I DE | F DEATH (Enter onl ATH WAS CAUSED | y ane couse per line BY: | | | ic ca | rdiomy | rohat! | hsz | | | | PROXIMATE VEEN ONSET | INTERVAL T AND DEATH |
| ON | TED WITHIN 24 HOUND PENCIL IN ITEM 18 XAMINER ALONG YALL TRANST PERMIT MENTAL HYGIENE, N. OR REMOVAL. | 3 | SXXX | IMMEDIAT | E CAUSE (a) | -5 A | | | it (a) Only | ropat | ПУ | | | - | | |
| ES | LASIT A STANDARD | | Condition | ns, if any, which | DUE TO, OR | A3 A COI | ASEGUENCE | Or | | | | | | | | |
| > | MAINE AND AND AND AND AND AND AND AND AND AND | | | se to immediate stating the under- | DUE TO, OR | A C A C O A | ICECUIENICE | 05 | | | | | | | | |
| 100 | UTED WITHI IN PENCIL I EXAMINER ITAL - TRANS O MENTAL H DN, OR REA | AR | lying cou | | DOE TO, OK | M3 A COI | ASEGNENCE | OF | | | | | | | | |
| 05.2 | XECUTED WITHIN 195" IN PENCIL IN 2AL EXAMINER AI BURIAL - TRANSIT AND MENTAL HY ATION, OR REMO | | PART 2 OTHER SI | GNIFICANT CONDITIONS | (c) CONTRIBUTING TO DEATH B | UT NOT REL | TED TO THE TER | MINAL DICEASE | OR CONDITION | CIVEN IN BAR | 7.1 | | | | | |
| O. | BE EXECTED OF SERVING AND AS A BUTH AN CREMATI | Z | | | | OT HOT REE | THE TO THE TEN | MINAL BISEASI | OK COMPITION | GITCH IN PAR | 1110. | | | | | |
| <u> </u> | 35 88 3 1 | CERTIFICATION | 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | | 20 A | UTOPSY? | - | | |
| ITAI | | | | | | | | | | | | 100 | YES V NO | | | |
| > " | CATE SHO THE WORD THE CHILL THE CHIL | CERT | | AL CAUSE WAS | 21b. TIME OF | | | 21c HC | OW INJURY C | OCCURRE | O LENTER NATUR | RE OF INJURY IN ITE | M 18 PART 1 OR | | F2 X7 | NO [|
| N. | A HOOME | | UNDERLYING | OR NG TACAUSE OF E | HOUR A.M. | MONTH 2/2 | DAY YEA | | posure | e to | b Loo | | | | | |
| /ISIG | ERTING ING SH EPA PRICE | MEDICAL | 21d INTITRY C | CCURRED | 21e PLACE O | | (AT HOME. | 211 LO | CATION | | | | | | | |
| No. | S S S S B E S | × | WHILE AT WORK | NOT WHILE AT WORK | STREET, FACTO | ory. FARM, E | | 400 | TREET | land | and the same of th | Suitlar | | G. CC | D., N | STATE |
| | | n | | | e of the remoins desc | | | | • | | | | | 60 | 701 1 | ICA . |
| | A S S S S S S S S S S S S S S S S S S S | | death resulte | | al rauses | Accident | | Jicide | Hamicio | Inspection | | equiry [], | and in my | apinion | | |
| | CAMMIRECTE NITH | | deam resulte | ed Irain: 14dion | 01. | Accident | L, 30 | Dicide | TITLE (SPI | 170 | Undetermi | ned manner [| ٧. | | | |
| | CAL EX. THE GER SHOULD ERAL DIR SATH, WI ORE, MAR | | ACTUAL SIGNATURE | 7 | 192 | | | | | 11 50 11 100 100 | ± MEDICAL | WOLLD SEE | DAT | E NED | 2/20/ | /95 |
| | SEE SEE SEE | | SALE CHICAGON TO INT | | // | | | | U | | MEDICAL | EXAMINER | SIG | NED | 21.201 | 03 |
| | TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, | | EXAMINER'S (TYPE OR PRIN | NAME NT) GI | regory R. | Kauf | fman, M | LD. | ADDRESS_ | 11 | 1 Penn | St | Bal | to, I | Md | EU E |
| | PAG PAG | 230.BI | JRIAL, CREMAT | TION, REMOVAL 2 | | | | | RCREMATOR | RY | 23d LOCAT | | | YTAUC | | |
| 07/B4 | BP/06/ | | Burial | F | eb.26,1985 | Li | ncoln | Cemet | cerv | | Suit | | PG | | arvla | and |
| 25M | DHMH - 17 | 24 FL | JNERAL DIREC | TOR | ADDRESS | 661 | Good H | | Lor | a. DATE R | EC'D. BY REG | SISTRAR 256 F | REGISTRAR'S | SIGNAT | URE | 4111 |
| | (VR A15 ME (5)) | Rol | pert G. | Mason Fr | uneral Hon | ne W | ashing | ton. | DC | 00 | 146 | Julia Da | vidson-1 | andell | | |



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2a DATE OF DEATH MONTH 2h HOUR 85 IF UNDER 1 YEAR

BALTIMORE CITY OR COUNTY OF DEATH

PRINCE GEORGE'S COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

13e STREET ADDRESS / ZIP CODE

1022 Carrington Avenue

Carrington Avenu Pleasant, MD 207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

6490 LANDOVER RD. CHEVERLY, MD. 20785

ROLLINS FUNERAL HOME, INC. 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

4339 HUNT PLACE, N.E.

WASHINGTON, D.C. 20019

popular value and the second s Entre Settles Settle 2002 August 1980 Settle Value 2003 Hinter Lucille STP-36-M.98 Miles V. Counting 120 Carriagion Wall

and warmer without

Has been no. comments up. 2075

urini (2/20/85 Mirror Mercorial Park Landovin Prince Decreate Rollins Funtpol Home, MC.

4830 HUNT PLACE, N.S.

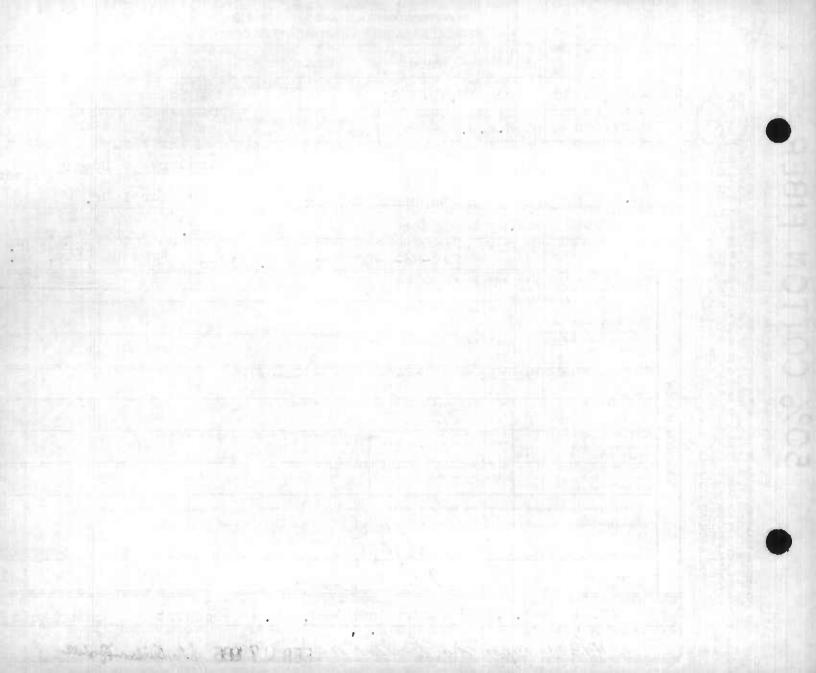
STATE OF MARYLAND FOR - STATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PENT) ESTI-DEATH MATED AGE (IN YEARS 24 HRS DATE LAST BIRTHDAY 10 25 00 TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED TO DIVORCED Poland IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INTUSTRY Plumber Plumbing In STATE 113b COUNTY 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Carneal Mabel John Drowsky GIEffsBurnie,Md 21061 Delores Skipper 1202 Whitman Dr. 166 SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? ES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213-01-9463 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II CERTIFICATION 19a GATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK PAGE 4 SHOULD BE TO FUNERAL DIRECTOR: PAGE TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE AAITIMORE, MARYLAND, 2127 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Natural causes death resulted from Accident Homicide Undetermined manner Fed 27 1988 MISIPP'S NAME TYPE OR PRINT ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Glen Haven Mem. Park Glen Burnie Md. 2-26-85 Burial BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** wa Daydson-Randell Raymond C. Fink Glen Burnie, Md 21061 (VR A15 ME (5)) 20M 4/B2

37 -5 21,5 (1) OLES grands Gren Rayen Mon. Parca Glen Bunnie A.A. Darwey C. F. al. dien Bernie, Md. 21061

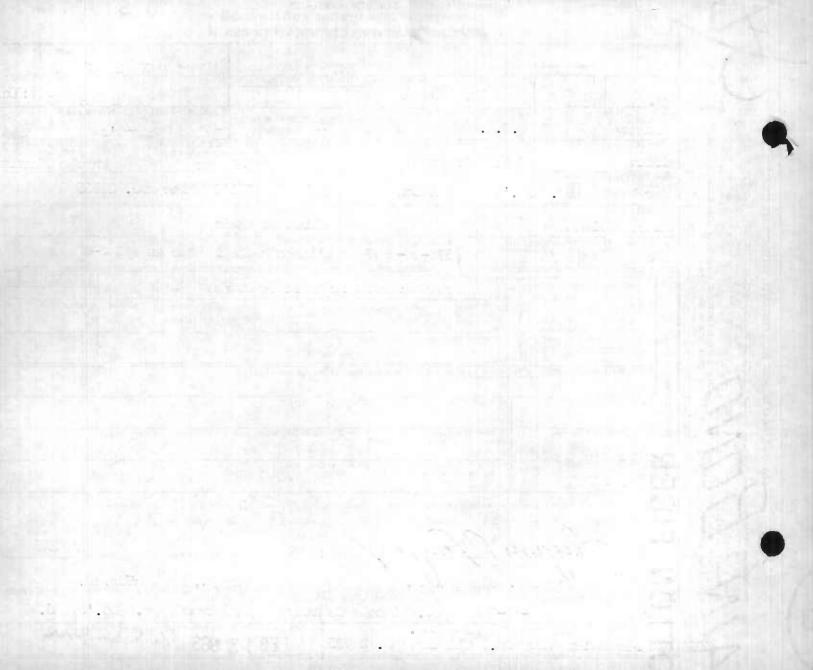
| 1 | 1- | FOR STATE REGISTRAR | | | | MENT OF H | EALTH | ARYLAND AND MENT ERTIFICA | | | 25.0 | , NO. | 7 | 69 | 3 |
|----------|-----------------------|---|--|---|----------------|-----------------|----------|---------------------------------|-------------|---|------------------------------|---------------|--|------|---------|
| 4 4 S H | 1 DEC | CEASED NAME CORPRINT) | Aubrey | Broo | MIDDLE | | Dunca | AST | | 2a. DAT | E KNOWN ESTI- TH MATED | V D MON | тн DA | | Zb. HOL |
| N STREET | SEX | Male | White | 5. DATE OF BIRTH | | 6. AGE (IN YEAR | MONTHS | DER TYR, IF U | INDER 24 H | PRONC | NTE DUNCED AD | MON) | O5 | | 3:50 |
| 1 | 10 | HPLACE (5) GN COUNTRY) OTGL | TATE OR | U. S. A, WIDOWED DIVORCED Prince Geo | | | | | | | - | rges | | | |
| 2 | | TY OR TOWN OF DEATH Capitol Heights | | (IF NOT IN SUCH FACULTY, GIVE STREET ADDRESS) OLS Nova Avenue Bernstef | | | | | | CUPATION (TYPE OF WORK MORKING LIFE) | | | RECTIFED RECTIFED | | |
| М | 120 S | L RESIDENCE | (IF IN NURSING HOME OF | Pr. Geo | | OR TOWN | ts. | 3d. INSIDE CITY LII YES A. N | MITS? 13e | STREET ADD | oress ova. | Aven | 0-10 | 200 | 27 |
| 2 | 14. FA | THER'S NAME | UNK | MOWN | ι | AST | | TS. MOTHER'S FIRST | | UNKN | | | | LAST | |
| 1 | 16a V (Y | VAS DECEASEI ES, NO, OR UNKNO IVO | D EVER IN U.S. ARM DWN) (IF YES, GIVE V | MED FORCES? WAR OR DATES) 166 SOCIAL SECURITY NO. 17. INFORMANT 618 ANSWER 705-12-3965 Evelyn Duncan Capitol | | | | | | | | | | | |
| | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTIDEATH WAS CAUSED BY: Cancer of the throat with bloody aspiration IMMEDIATE CAUSE (a) | | | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| | MEDICAL CERTIFICATION | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T 0 . | | | | | | | | | | | | | |
| 2 | | 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | 20 AUTOPSY? YES NO X | | | | | |
| 3 | | UNDERLYING CONTRIBUTION 21d. INJURY C | NG CAUSE OF D | P.A. PLACE | A. MONTH | | 211. LOC | | CURRED (E | NTER NATURE O | F INJURY IN ITE | M 18 PART 1 0 | R PART 2) | ٠ | STATE |
| | | AT WORK | NOT WHILE | STREET, FAC | TORT, FARM, ET | C.) | ST | REET | | CITY OF | TOWN | | COUNTY | | OTATE |

DEPARTMENT OF HEALTH AND MENTAL HYGIZNE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN X MONTH DECEASED NAME DAY YEAR 2b HOUR (TYPE OR PRINT) ESTI-Marie DEATH MATED Etta Elder 1985 4. RACE 5 DATE OF BIRTH SEX & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 2d HOUR Female White PRONOUNCED 10:47DEAD 1085 p. M 76 CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED WIDOWED . Prince George's County, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Secretary Sperry. Doctor's Hosp. of P.G. Co. Lanham USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 136 COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Va. NO [Laurel StephensCity YES ... FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Curtis MIDDLE FIRST Elder Leota S. Emswi ADDRESS 639 16b. SOCIAL SECURITY NO 17. INFORMANT 168 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO PRUNKNOWN) (IF YES, GIVE WAR OR DATES) Stephens 216-84-8900 Curtis Elder 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cranio-Cerebral Trauma DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF TO BURI YES XX NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR AND MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 9 . 47P.M. 2-2 19 85 driver in auto/auto impact 21e PLACE OF INJURY (AT HOME 71d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE 5900 blk. Good Luck Rd., Riverdale, Prince road FO MEDICAL EXAMINES IN EXCUTE THE CERTIFICATE PAGE 4 SHOULD BE FORW TO RUNERAL DIRECTOR P AFTER DEATH WITH THE ST BALTIMORE, MASHIAND 2 George's Co., Md. Autopsy X 22a I certify that I taak charge of the remains described above, held an Inspection Acident X death resulted from: Hamicide L Undetermined manner Natural causes Suicide TITLE (SPECIFY) 2-3-85 Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 236 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION eb.6,1985 Shenandoah Mem. Winchester Virginia 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND



| 1 | FOR STATE REGISTRAR | | DEPARTMENT OF HEALTI | | | |
|--|---|---|--|--------------------------------------|--|---|
| | PE OR PRINT) | FIRST | MIDDLE | VZ | 20 DATE KNOWN MO OF ESTI- DEATH MATED V | 2 08 19 85 M |
| NOTES AND THE CONTROL OF T | | June 12. | | NDER 1 YR. IF UNDER 24 HR | S. 21. DATE MOI PRONOUNCED DEAD | |
| Control of the contro | SIRTHPLACE (STATE OR OREIGN COUNTRY) | U.S.A. | WIDO | RIED NEVER MARRIED NED NEVER MARRIED | Prince George | e's MD. |
| S II G | ITY OR TOWN OF DEA | 10115 Whi | PITAL, NURSING HOME, OR OT CILITY, GIVE STREET ADDRESS) LE AVENUE | FC | USUAL OCCUPATION (TYPE OF W OR MOST OF WORKING LIFE) borer | Marche Florist |
| 130. | | ISING HOME OR OTHER INSTITUTION, GIV 136 COUNTY Pr • Geo • 'S | 13. CITY OR TOWN | YES TO NO U | Misa Ave. | 20735 |
| DU DU | ATHER'S NAME Chann Hofma | | LAST | Elisabeth Re | eis | LAST |
| 160. | | IN U.S. ARMED FORCES? (IF YES, TAYE WAR OR DATES) | 578-46-0373 | Elizabeth Sh | oup Same as #1 | 3 a-e |
| ED AS A BURIAL - TRANSIT PEI HEALTH AND MENTAL HYGIE L, CREMATION, OR REMOVA CATION | Conditions, if a gave rise to cause (o) stoting lying couse lost. PART 2 DTHER SIGNIFICANT | immediate the under- (b) DUE TO, OR (c) | AS A CONSEQUENCE OF | SE OR CONDITION GIVEN IN PART 1 (a). | | |
| | 190 DATE OF OPERA | TION 196 CONDIT | ION FOR WHICH OPERATION \ | WAS PERFORMED? | | 20 AUTOPSY? YES NO X |
| HE STATE DEPARTMENT OF ND, 21201 PRIOR TO BUILD OF THE STATE OF THE ST | 216 EXTERNAL CAUSE UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT | OR HOUR A.M | MONTH DAY YEAR | OW INJURY OCCURRED (ENT | TER NATURE OF INJURY IN ITEM 18 PART T | OR PART 2) |
| | WHILE NOT AT WORK | WHILE STREET, FACT | ORY, FARM, ETC.) | STREET | CITY OR TOWN | COUNTY STATE |
| BALTMORE, MARYLAND, 2 | 220 I certify that death resulted fram | I took charge of the remains des | cribed above, held an Auta Accident , Suicide | Hamicide Und | determined manner , | my opinion DATE 2/8/1985 JGNED 2/8/1985 |
| FUNE | EXAMINER'S NAME (TYPE OR PRINT) | Augusto P. Rodrig | | | rn Ct., Temple Hil | 1s, Md. |
| 0 - 3 | | | | | | |
| | Burial | 2-11-1985 Lee Funeral Ho | | Cemetery B | LOCATION LITY OR TOWN TENTEWOOD, Pr. 1 BY REGISTRA 136 REGISTRA 7 1085 | |



FOR

| STATE OF MARYLAND | | | | | | | | | |
|-------------------|-------|-----------|------|-----|-----|--------|----|--|--|
| DEPART | TMENT | OF | HEA | LTH | AND | MENTAL | HY | | |
| | CE | OTI | 1516 | ATE | OF | DEATH | | | |

GIENE O

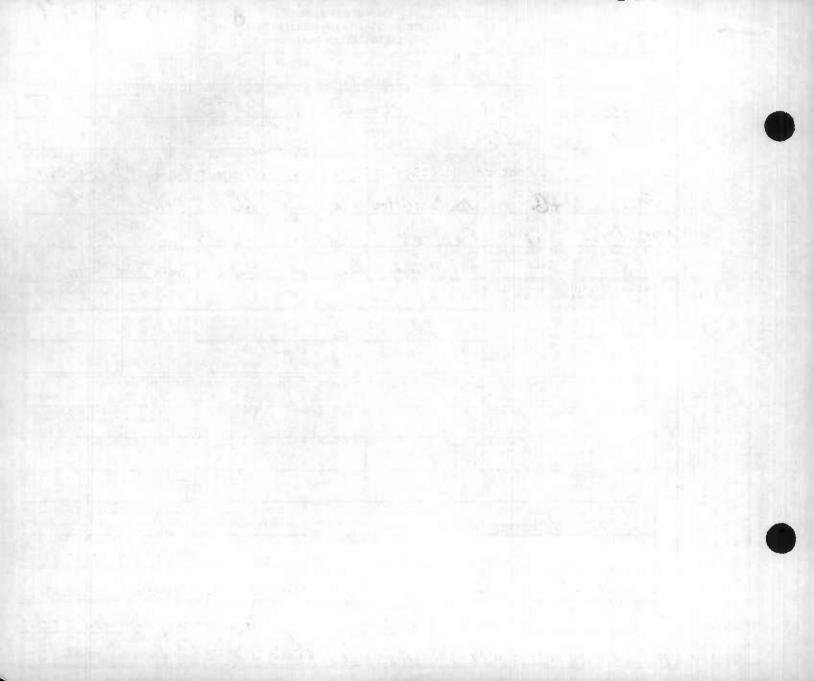
| | - STATE REGISTRAR | | CERTIFICATE OF DEAT | H REG. NO. | |
|---|--|--|--------------------------|--|---|
| | 1. DECEASED NAME FROM EDIT | MOND ALFRED | EPE PAR. | 20 DATE OF DEATH MONTH | 85 YEAR 26 HOUR //// PM |
|) | 1. SEX M ALE | eaucasian | | 6. AGE (IN YEARS LAST BIRTHDAY) EAR 20 64 YI | MONIHS DAYS HOURS MIN. |
| 3 | BIRTHPLACE (STATE OR FOREIGN | 75. CITIZEN OF WHAT COUNTRY? USA | MARRIED NEVER MARRI | ED DRINGE CE | ORGES CNTY |
| 1 | ELINTON | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, SOUTHERN MAKE | ABORESS) AND HOSP | ON 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Hail Handley | |
| | USUAL RESIDENCE IF NURSING FORE OR 130. STATE 136. COUN Maryland Char | 13c. CITY OR TOW | 'N 13d. INSIDE CITY LI | Box 192 Gal | CODE 20601 |
| 2 | | MIDDLE LAST EDD | Bertha | Mary | Therres |
| 2 | 160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) Yes WW2 | MED FORCES? 166 SOCIAL SECU 217-16- | | (Spouse) ADDRESS. G. Epp, Same a | as line 13 |
| | | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D | ence of | metustaras HE TERMINAL DISEASE OR CONDITION | I GIVEN IN PART 1 (a |
| 2 | THE DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED | 21b. TIME OF NJURY HOUR A.M. MONTH DA | 19 | tactacus NOW INCE | F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO |
| | 270.1 certify that (this hospi | Ital) ottended the deceosed from 19 years of the bady after death. | DEGREE ATTEN | CITY OR TOWN 86 , 10 7 4 2 apinian death occurred an the date and DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN | 22c. DATE SIGNED |
| | L.R. PE | ERNA, M.D |). 7561 S | urvatls Rd Ci | linton, wil |
| | 230. BURIAL, CREMATION, REMOVAL Burial 24. FUNERAL DIRECTOR | 23h. DATE 23h. St | NAME OF CEMETERY OR CREM | atory 23d. LOCATION CITY OF TOWN Netery Bryantowr 25a. Date REC'D. By REGISTRARI25bare | county State Charles Md |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Huntt Funeral Home, Waldorf, Maryland

· No. of the second



should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

| IFICATE OF DEATH | DEC | |
|------------------|-----|--|

| | | REGISTRAR | | | | | THE OF BERTH | REG. | NO. | | |
|------|------------|--|--------------|-------------------|------------------------------------|------------|------------------------------|-----------------------------|--------------------|---|-------------------------------------|
| | | EASED NAME | FIRST | AT DE | MIDDIE | l. | AST | 20 DATE OF DEATH | | DAY YEAR | 26 HOUR |
| | TIPE | John | | Eugene | 2 | Fink | Sr. | | Feb. 2, | 1985 | 10:50MA |
| 3. | SEX | | | 4 RACE | | S. DATE O | | 6 AGE TIN YEARS LAST | | IF UNDER I YEAR | |
| 1 | | Male | 5-91 | White | | Feb | | 54 | YRS | NONTHS DAYS | HOURS MIN. |
| 70 | a. BIR | THPLACE (STATE OR | FOREIGN | 76 CITIZEN OF | WHAT COUNTRY | 8 | NEVER MARRIED | 9 BALTIMORE CITY | | OF DEATH | |
| 1 | Wa | shington, | D.C. | U.S | S.A. | WIDOWE | | Prince G | eorge's | Count | MD. |
| | | Y OR TOWN OF DE | | | | NG HOME C | R OTHER INSTITUTION | 120 USUAL OCCUPA | TION | 126. KIND C | OF BUSINESS OR |
| 4 | L | anham | 300 | Doctor | CHFACILITY, GIVE STREET S Hospite | al of | P.G. County | Foreign S | | | Gov't. |
| Ų | JSUA | L RESIDENCE (IF NURS | 13b. COUN | OTHER INSTITUTION | | | | | | | |
| /# ○ | | ryland | P.G. | | College | | 13d INSIDE CITY LIMITS? | 6100 West | | | 20740 |
| - | _ | THER'S NAME | | | | 20,2 % | 15 MOTHER'S MAIDEN NA | ME | 21100 001 | | 20110 |
| | | Douglas | L. | AIDDLE | Fink | | Pauline | MIDDIE | | Daly | |
| 10 | | AS DECEASED EVER | IN U.S. AR | MED FORCES? | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | ADD | RESS | Down | |
| | (YE | Yes | Kore Kore | war or dates) | 579-36-1 | 057 | Dolores D. K | ink (Wife) | Some o | as # 13 | 2 |
| F | T | 18 CAUSE OF DEAT | | | 7 7 7 - | | DOLOTED D. T. | THE (MILC) | Denic & | | XIMATE INTERVAL LONSET AND DEATH |
| П | | PART I. DEATH W | AS CAUSE | Ó BY: | 11-2/ | 1 6 | On . | 2.1.101 | | BETWEEN | ONSET AND DEATH |
| L | | | IMMEDIAT | E CAUSE (0) | C m | 1150 | · rumer c | NYVJSF | | | |
| ı | | | | DUE TO, O | R AS A CONSEQU | 1911 - | in and It | - | | 111111111111111111111111111111111111111 | |
| ı | | Conditions, if ony, gove rise to imm | nediate | 16) | (00 | 14 cir | 0111a/6513 | | | | |
| 1 | | underlying couse | 9 | DUE TO, O | R AS A CONSEQU | IENCE OF | 2 // | 1.20. | _ | | |
| ı | 1 | | | (c) | (AYC | inpr | a o ver | acted | | | |
| L | | PART 2 OTHER SIGN | S/S | 1 | 11. 1 | 1 | NOT RELATED TO THE TERM | AINAL DISEASE OR CO | NDITION GIVE | EN IN PART 1 | 0 |
| | FICATION | 190 DATE OF OVERA | | | ITION FORMALICE | OPERATION | N WAS PERFORMED | 200 AUTOPSY? | 20h IE VES | , WERE FINDI | NGS HSED |
| | 2 | Jan State St | _ | 17.0 001.0 | | TOTEMATIO | T THE STERI CRIMED | | IN CERTIFY | YING CAUSES | S OF DEATH? |
| - | 2 . | 71a ACCIDENT WAS UNI | DEBLYING F | 216 TIME C | DE INTHERV | | 21c HOW INJURY OCCUR | YES NO | | 5 🗌 | № □ |
| | | OR CONTRIBUTING | | | M. MONTH D | AY YEAR | 210.110W INJURY OCCUR | KED (ENTER NATURE OF IN | TORA IN LIEW IR NA | ART I OR PART 2) | |
| | 2 | (IF EITHER NOTIFY MEDI | | | .M. | 19 | | | | | H. H. H. |
| E | MEDICAL | 21d. INJURY OCCUR | | | OF INJURY REET, FACTORY, OFFICE | FARM ETC) | 21f LOCATION STREET | CITY OR | rown | COUNTY | STATE |
| 1 | | AT WORK AT WO | RK L | | | | 1 100 | | | | |
| 1 | - 1 | 22a.1 certify that (1) | (this hospit | al) attended th | ne deceased from. | - | (-1/ 190) | , to 2-2 | | 19 63 | that (I) (we) last |
| | 1 | saw the decease above, (1) (we) (| ed olive on, | view the hady | nfter death | 83_, on | d that in (my) (our) opinion | death occurred on the | date and hour | and from the | couses stated |
| L | 1 | 226 SIGNATURE | ? | 5 | ~ | (| DEGREE | / | | 22¢ DATE | SIGNED |
| 1 | | Vachely | 14 | 1sh | 1 MI | | ATTENDING PHYSICIAN F | MEDICAL ST DIRECTOR PHYS | AFF | Fah/ | 2/85 |
| 1 | 1 | 22d PHYSICIAN'S NA | AME (TYPE O | PRINT) | | | 122- ADDRESS | | Plan | | |
| | | MEHIN | i P | ta | RZIN | | 7525 C/100 | n way Ge | ulu o | 12.9 | reintel |
| + | 1 | 10010 | 7 | / / / | | | | | | 0 | M |
| 23 | | URIAL, CREMATION, | REMOVAL | 236. DATE | | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE |
| | | | | | | | | | | | |

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR After this

OR ATTENDING

HOSPITAL 0 BP

(VRA 15, 4)

24 FUNERAL DIRECTOR ADDRESS Riverdale. Chambers Funeral

Hillcrest Memorial Cem. Annapolis. Maryland

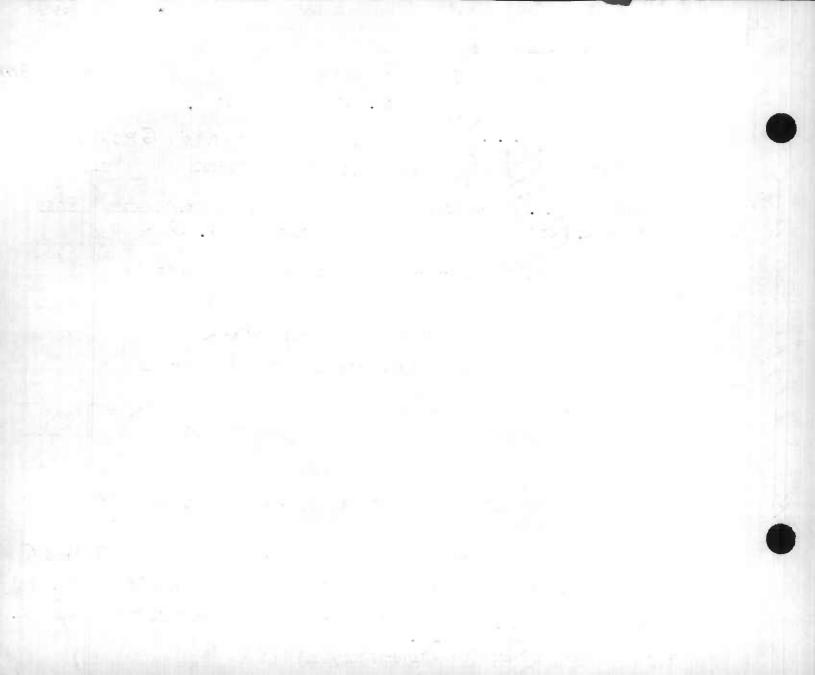
25. DATE REC'D. BY REGISTRAR 70. REGISTRAR'S SIGNATURE

PEB 06 1985

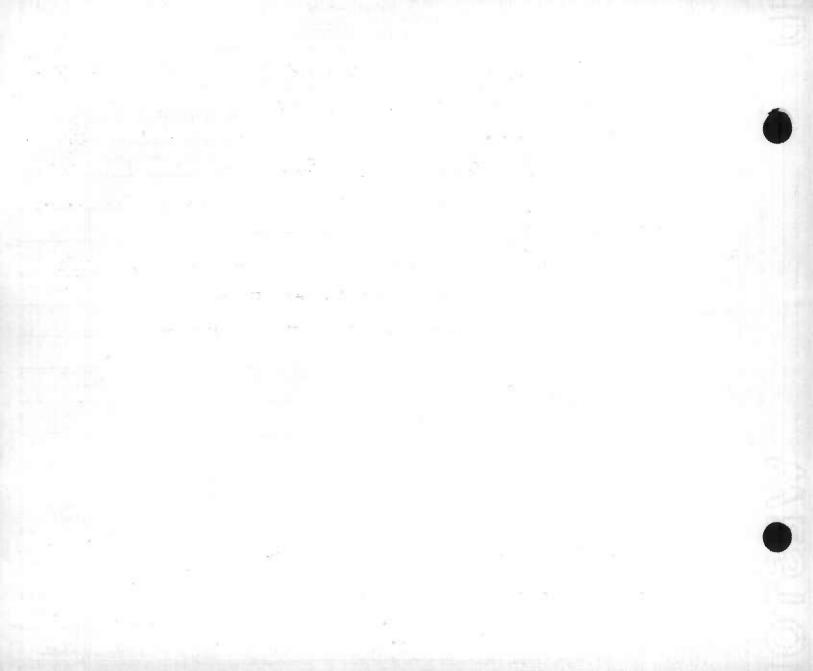
Ale. Maryland

. Truck . The section of the real country of t this of the contract of the co ALLEY SECRET birdicted and the contract of AND DESCRIPTION OF THE PARTY OF

| -4 | 1. | FOR STATE REGISTRAR MALTINE ET | DEPAR | TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG. NO. | |
|--|------------|--|---|---|---|---|
| 7 6 5 | | CEASED NAME FIRST ORPRINTI | F H. | FLOYD | 20. DATE OF DEATH MONTH | 0485 10:44AM |
| 1 | 3. 58 | FEMALE | 4. RACE WHITE | SEPT. 2,1893 YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) 91 , YRS. | IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| | | RTHPLACE (STATE OR FOREIGN OUNTRY) St Virginia | 76. CITIZEN OF WHAT COUNTRY U.S.A. | ** B MARRIED NEVER MARRIED WIDOWED TO DIVORCED | PRINCE G | YOFDEATH PORGES MD. |
| 6 , 1 , 1 | - | LINTON | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE | ING HOME OR OTHER INSTITUTION ET ADDRESS) 105017AL | 120 USUAL OCCUPATION HOMEMAKER | 12b. KIND OF BUSINESS OR |
| ARYLAND 212 Within John Andrewy Hilled in the 2 showed by | 13a S | AL RESIDENCE (IF NURSING HOME OF THE | G. CLINTON | | 8712 DEBORAH ST AME AME AME AME | REET 20735 |
| MORE, M. | 1 | S DECEASED EVER IN U.S. AR | RMED FORCES? 16b. SOCIAL SEC | CURITY NO. 17 INFORMANT | ADDRESS | |
| death certificate of the certifi | | PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which | DUE TO, OR AS ACONSEQ | DIO GENIC | sto ye | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| RDS, 201 W. Pt equil from the the Then please each to buring, cremo injury, or other t | NOI | gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CONSECUTION OF THE CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | hunt Failu MINAL DISEASE OR CONDITION GI | IVEN IN PART 1(a) |
| AL RECORD No four requirements to permit in the series of | TIPICATION | 190 DATE OF OPERATION | 19b. CONDITION FOR WHIC | H OPERATION WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\) |
| OF VIII. | CAL CERT | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH | DAY YEAR 19 | RRED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) |
| A STATE OF THE PARTY OF THE PAR | MEDICAL | 21d INJURY OCCURRED HE NOT WHILE AT WORK | 21e, PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE | E FARM, ETC.) | CITY OR TOWN | COUNTY STATE |
| ATTENDED OF COLOR A did for one at 1 is mg | | | ital) attended the deceased from 19. 19. 19. 19. | | death occurred an the date and ha | , 19 A , that (I) (we) last our and from the causes stated |
| HOSFITAL OR ned by the h FUNERAL DIR did be detoich the Store Der | | 224. PHYSICIAN'S NAME (TYPE | MADA. OR PRINT) | ATTENDING PHYSICIAN 220 ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 2-4-85 |
| TO HOSPITA retained by TO FUNES, should be d with the Sto | 23n | m. most | ABN, MD 1236. DATE 1236 | 4235 28+ | HAVE TEMP! | Le Hills, MN. |
| ВР | B | JRIAL | | SARDIS CEMETERY | AMHEREST VIRO | SINTA AMHERST CO. |
| DHMH - 16 50M 4/83 (VRA 15, 4) | | NAME | ADDRESS | inton, Maryland FE | | Perotesses & Comments |



| 6 | 1 | FOR STATE REGISTRAR | | DEPARTN | ENT OF HE | OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH | ENE 8 5 | 0 5 | 7 5 |
|--|---------------|--|----------------------------------|---|------------|--|--|---------------------------------------|--|
| | | CEASED NAME FIRST | oseph / | Marren | LA | Flynn | | MONTH DAY | YEAR 26. HOUR |
| y be | | (10) | ocphi | | + | unn | | 216 | 85 9 |
| e 4 may be ctor, page 3 s after death | 3 5 | Malle | 1 BACE | (lita) | S. DATE OF | BIRTH 01/28/09 DAY YEAR | 6. AGE JIN YEARS LAST BIRT | HDAY) IF UN MONTH | DER TYEAR IF UNDER 2 |
| Page direct hours | 70. | IRTHPLACE ISTATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 1. | | BALTIMORE CITY O | | DEATH |
| 72 72 onc | 4 | Indiana | U.S.A. | | WIDOWED | DIVORCED D | Prince Ge | ovacle (| Country |
| de Tree | 10.0 | JIY OR TOWN OF DEATH | | | | OTHER INSTITUTION | 120 USUAL OCCUPATION | | b. KIND OF BUSINES |
| by the | 16 | linton) | Clan | CH FACILITY, GIVE STREET | nell | Centre | Never Emp | | Disabled |
| 24 hou | 130. | AL RESIDENCE (IF NURSING HOME STATE 136, COL | OR OTHER INSTITUTION | N. GIVE RESIDENCE BEFORE 13c. CITY OR TOWN | | 34. INSIDE CITY LIMITS? | 13e STREET ADDRESS 2844 Lang | ston Pla | 99999 ace, S. E. |
| 4 4 2 | 14. 6 | ATHER'S NAME | | | | S. MOTHER'S MAIDEN NAM | | | |
| complete we have | | Orlando Moses | | LAST | | | resa Stout | | LAST |
| 2 76 0 | 160. | WAS DECEASED EVER IN U.S. A | RMED FORCES? VE WAR OR DATES) | | | 17 INFORMANT | 3219 | inevale | Avenue |
| Pogo - | 5 | | /A | 578-34- | 8405 | Adeline Fran | tz - Forest | ville, N | Maryland APPROXIMATE INTERVIBET WEEN ONSET AND DE |
| that the death certificate I by the attending physic observance corbanpape of cremation, or removal r other froumatic event, it | | Conditions, if any, which gave rise to immediate cause to), stating the underlying cause last. | (b)_ | DR AS A CONSEQUE | NCE OF | 13 | + Dijec, | _ | |
| equires to signed Then ple re burio injury, or | Z | PART 2 OTHER SIGNIFICANT | CONDITIONS | ONTRIBUTING TO D | EATH BUT N | OT RELATED TO THE TERMI | NAL DISEASE OR CON | DITION GIVEN IN | PART 1(a) |
| he low r | CERTIFICATION | 190 DATE OF OPERATION | 196 CONE | DITION FOR WHICH | OPERATION | WAS PERFORMED | 200 AUTOPSY? | | RE FINDINGS USED CAUSES OF DEATH NO |
| SICIAN The ng physician certificate hand-transit ental Hygier hem 18 short | | 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINI | EATH HOUR A | OF INJURY A.M. MONTH DA | Y YEAR | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJUI | Y IN ITEM 18, PART 1 | OR PART 2) |
| DING PHYSICIAN T or offending physicial After this certificate e as the burial-transi oith and Mental Hyg marked or Irem 18 sh | MEDICAL | 211. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | OF INJURY TREET, FACTORY, OFFICE, F. | | 21f LOCATION STREET | CITY OF TOV | vN C | OUNTY STA |
| TEN Por US | | 22e.1 certify that (1) (this has saw the deceased alive of | 2/1 | 6 19 | St. one | that in (my) (aur) apinian d | , ta leath accurred on the do | , 19 | , that (I) (w |
| DIRECTOR DORPOTO DORPOTO DOPPLO H Nem 21 is | | abave, (l) (we) (did) (did) 226 SIGNATURE | nat) view the bad | y after death. | | EGREE | | | 221. DATE SIGNED |
| O HOSPITAL etoined by th TO FUNERAL should be dete with the Stote | | 220. PHYSICIAN'S NAME (TYPE | OR PRINT) | | | | MEDICAL STAI DIRECTOR PHYSIC 35 28th AVE | | |
| TO HOSP should be should b | | M. Mostaan, N | I. D. | | | Temple Hill | s, Maryland | 20748 | |
| 0 # 5 # 1 3 + | 23a | BURIAL CREMATION, REMOVA | | 123c N | AME OF CE | METERY OR CREMATORY | 234 LOCATION | · · · · · · · · · · · · · · · · · · · | |
| 18044 | | (SPECIFY) Burial | Februar | | | Lincoln Cemet | CITY OR TOWN | nuos com Foor | And a |
| 1 1 | | | | | | | ery Brentw | | ryland S SIGNATURE |
| DHMH-16 20M (VRA 15, 4) 7/76 | | Old Alexander | e Funera Ferry Ro | al Home, I | nc. | from hore | | 0 | SSIGNATURE |



VOIDED DEATH CERTIFICATE NUMBER 85-05951

Late Dec. 1984 filed with Feb. 1985



STATE OF MARYLAND

| EPARTA | MENT | OF | HEA | LTH | AND | MENT | AL | HY | GIE |
|--------|------|----|-----|-----|-----|------|----|----|-----|
| | CEL | TI | FIC | ATF | OF | DFAT | H | | |

REG. NO 20 DATE OF DEATH MONTH YEAR 2h HOUR 18,1985 10:36 M FORD February 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR IF UNDER 24 HRS MONTH 5 9 BALTIMORE CITY OR COUNTY OF DEATH

Rayford William 4 RACE 3. SEX male White TO BIRTHPLACE I STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? COUNTRY

MARRIED NEVER MARRIED WIDOWED

DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Prince George's 126 KIND OF BUSINESS OR INDUSTRY

13e.STREET ADDRESS / ZIP CODE

Lanham ISUAL RESIL

4 FATHER'S NAME

IB CITY OR TOWN OF DEATH

- STATE REGISTRAR

TYPE OR PRINTE

DECEASED NAME

eal very

13d INSIDE CITY LIMITS? DUNKIKK

Doctors' Hospital of Pr. Geo. Co.

15 MOTHER'S MAIDEN NAME

cicero EVER IN U.S. ARMED FORCES?

5am as#13

18 CAUSE OF DEATH lEnter only and cause per line far (a), (b), and (c) IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF Canditions, if any, which

MIDDLE

Hemonuray

numom al synchrone

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE LERMINAL DISEASE OR COMPITION GIVEN IN PART LIG

190 DATE OF OPERATION

gave rise to immediate cause (a), stating the underlying cause last

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NO

, and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated

11SEASE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM 21e PLACE OF INJURY

AT HOME STREET FACTORY OFFICE FARM ETC)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased fram. 21f LOCATION

CITY OR TOWN COUNTY

saw the deceased alive on abave, (I) (we) (did) (did not) view the bady after death. 226 SIGNATURE

M.K. MOHAN, M.D.

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN T DIRECTOR PHYSICIAN 22c DATE SIGNED 2/19/85

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

6510 Kenilworth Ave., #2700, Riverdale, Md.

230 BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY 50. Memorial Gardens DUNKIKK

DHMH - 16 60M 7/B4

CERTIFICATION

00

OUINGS

(VRA 15, 4)

old be detach the State De

MPORTANT

Company of the Compan The state of the s FERTISANS AND THE RELEASE STREET HISTORY THE CHARLES AND LONG TO THE STATE OF THE STATE O THE REPORT OF THE PROPERTY OF STREET STREET, THE STREET, STREE The second of th March and all all and a State of the property of the state of the stat

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH DECEASED NAME 2h HOUR LIVER OF PRINTS February 15,1985 4:20 Au Franklin FREDERICK Benjamin 4 RACE S DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR February 5, 1894 White Male TO BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Maryland U.S.A. Prince George's DNORCED [WIDOWED HASHAGE PATION

TORK FOR MOST OF WORKING LIFE) 126. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Doctor's Hospital of P.G. INDUSTRY Lanham Attendent V.A. Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) P.G. 13e STREET ADDRESS / ZIP CODE Maryland Berwyn Heightsyes Ki 8802 Edmonston Road IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME Samuel . Frederick Tipton Jane ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 217-52-8005 Florence L. Frederick (Wife) Same as 13e Yes W.W. I 18 CAUSE OF DEATH (Enter only one cause per line or 10), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I O ION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CAUSE OF DEATH HOUR A.M. MONTH DAY OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED TH LOCATION 21e PLACE OF INJURY COUNTY CITY OF IOWN AT HOME STREET FACTORY OFFICE FARM ENTE

NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on above, (I) (did) (did not) view the bady after death.

ATTENDING M

PHYSICIAN [

and that in (my) (aur) apinian death occurred on the date and hour and from the couses stated

22¢ DATE SIGNED

STATE

Fredrick H. Wilhelm M.D.

234 NAME OF CEMETERY OR CREMATOR

22e ADDRE

DIRECTOR PHYSICIAN

MEDICAL

(SPECIFY) Cremation

226 SIGNATURE

230 BURIAL, CREMATION, REMOVAL

FOR

3 SEX

DHMH - 16 60M 7/B4 (VRA 15, 4)

Trancis Gasch's Sons Funeral Home P.A. Baltimore Avenue Hyattsville, Md. 20781

236 DATE

Fort Lincoln Crematory Brentwood, Md. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | - STATE REGISTRAR | | CERTIFICAT | E OF DEATH | REG. | NO. | | |
|---------------|--|-------------------------------------|--------------------|----------------------------|------------------------------|-------------|-------------------|-------------------------------------|
| | CEASED NAME FIRST | MIDDLE | LAST | | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| (TYP | E OR PRINT) Nellie | Hazel | FRIEND | | February | | .985 | 8:00 P _M |
| 3 SE | | 4. RACE | 5. DATE OF BIRT | | 6 AGE (IN YEARS LAST | BIRTHDAY) | MONTHS DAYS | |
| | Female | White | Januar | y ⁰ ^21, '1^909 | 76 | YRS. | MONTHS DATS | MIN. |
| | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | RY? 8 | NEVER MARRIED | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | |
| | est Virginia | U.S.A. | WIDOWED | DIVORCED TX | PRINCE G | EORGE! | s COINT | Y MD. |
| | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | | IER INSTITUTION | 120-USUAL OCCUPA | TION | HO KIND | OF BUSINESS OR |
| 0 | LANHAM | DOCTORS HOS | SPITAL of H | G.Co. | Secretar | | Libra | |
| USU | TAL RESIDENCE (IF NURSING HOME OF | ROTHER INSTITUTION GIVE RESIDENCE B | EFORE ADMISSION) | | 13e STREET ADDRESS | • | - | 20740 |
| | ryland P.G | | | | 4812-A Co | | | 20740 |
| | ATHER'S NAME | | 15 M | OTHER'S MAIDEN NAM | ΛE | TTCEC | Avenue | |
| H | ugh FIRST | Forman | P | earl ^{FIRST} | WIDDIE | | Wort | fring |
| | WAS DECEASED EVER IN U.S. AR | | ECURITY NO 17 IN | FORMANT | 18 Nor | RESS C+1 | coot | |
| | (YES, NO OR UNKNOWN) (IF YES, GI | VE WAR OR DATES} | 7667 A F | leanor Your | | | | |
| | | nly one couse per line for (o), (b | | Leanor Tour | ig upron, | Mass | APPRO | XIMATE INTERVAL NONSET AND DEATH |
| | PART I. DEATH WAS CAUSE | ED BY | | Infants | 4 | | 24 | + home |
| | IMMEDIA | | | John | Comp. | | 507 | 7000 |
| | Conditions, if ony, which | DUE TO, OR AS A CONSE | OUENCE OF | | | | | |
| 1 | gove rise to immediate couse (a), stating the | (b) | | | | | | |
| 15 | underlying cause lost. | DUE TO, OR AS A CONSE | OUENCE OF | | | | 1357 | |
| 4 | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT R | ELATED TO THE TERMI | INAL DISEASE OR CO | NDITION G | IVEN IN PART 1 | 10 |
| Z | | Dialylis | mellilie | | WAL DIOENSE ON CO | | | |
| CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDITION FOR WE | 0-0-0- | PERFORMED | 20a AUTOPSY? | | ES, WERE FIND | |
| E | SECTION AND ADDRESS. | | | | YES NOT | | TIFYING CAUSE | S OF DEATH? |
| HH H | 21a. ACCIDENT WAS UNDERLYING | | 216. 1 | OW INJURY OCCURR | | | PART (OR PART 2) | |
| | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | | | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | | OCATION | | | | |
| M | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY OF | ICE, FARM ETC.) | STREET | CITY OR | IOWN | COUNTY | STATE |
| | 22a I certify that (1) (this hosp | ital) attended the deceased fro | | 2/12, 1985 | , to | 2/13 | | . that (1) (Ne) lost |
| | sow the deceased alive or above, (1) (we) (did) (did no | ot) view the body offer death. | 9 ond that | in (my) (our) opinion d | death occurred on the | date and ha | our and from the | e couses stated |
| | 226 SIGNATURE | | DEGRE | | | | 22c. DAT | E SIGNED |
| | ON B | me- | MD | | MEDICAL ST LDIRECTOR PHYS | SICIAN [| Feb. | 13,1985 |
| | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e / | ADDRESS | | | | |
| | Azher Hussain | M.D. | 49 | 917 Edgewoo | od Rd., Co. | llege | | |
| 23o | BURIAL, CREMATION, REMOVAL | | 23c NAME OF CEMETE | | 23d. LOCATION | | | 01568 |
| _ | (arecur) | Feb.20,1985 | Maplewood (| Cemetery | Upton W | orcest | er Mas | ssachuset |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT: If hem 2

24 Francis gasch's Sons Funeral Home P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781 250 DATE REC D BY REGISTRAR 255 REGISTRAR & SIGNATURE

PAS. 37, 1985 Tems, me, des

| 1 1 | | | STATE OF MARYLAND | 5 5 |
|---|---------------|--|--|---|
| 1 | | FOR | | AGHER |
| 1 111 | 1.1 | REGISTRAR | MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | |
| | | CEASED NAME FIRST | MIDDLE LAST 20. DATE KNOWN OF ESTI- | YEAR 21 HOUR |
| E 5 FOR YOUR FILES. D. WITHIN 72 HOURS I W. PRESTON STREET, | SEX | 14 RACE | | 900 AM |
| SR | SEX | F. KACE | MONTH DAY YEAR LASTEIBIHDAY MONTHS DAYS HOURS MIN PRONOUNCED | 2031905 |
| NO / | 7 01 | THPLACE (STATE OR | | 90 AM |
| 1 | FOR | EIGN COUNTRY) | MARRIED NEVER MARRIED | ATH |
| 2-1 | | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 128 KINI | OF BUSINESS |
| 9/1 | 10, C1 | 1. LE all 11 | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR | NDUSTRY |
| 1 | USUA | L RESIDENCE (IF IN NURSING HOME O | DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION | frome |
| | 13a. S1 | | TY 136 CITY OR TOWN . 136 HSIDE CITY LIMITS? 136 STREET ADDRESS | by. |
| (1) | 14. FA | THER'S NAME | MIDDLE LAST FRIST MIDDLE LA | ST |
| 7 | | HENRY | CUMMINGS ELIZABETH COR | |
| 1 | Ida V | TAS DECEASED EVER IN U.S. ARA | 1224 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 20783 DR |
| | | No | JOHN C. GALLAGHER, 7502 WEST PARK | |
| | | 18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED | BETWE | ROXIMATE INTERVAL EN ONSET AND DEATH |
| VAL | | IMMEDIAT | TE CAUSE (0) Hente Myo CIVIII VIV | |
| MOM | | Conditions, if ony, which | DUE TO, OR AS A CONSEQUENCE OF | |
| 8 | 511 | gove rise to immediate couse (a) stating the under- | | |
| | | lying couse lost. | DUE TO, OR AS A CONSEQUENCE OF | |
| 2 | | DARY 2 OTHER CICHIEICANY CONDITIONS | CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) | |
| | Z | 1/ | | |
| N | CERTIFICATION | 190, DATE OF OPERATION | | TOPSY? |
| くろう | FIC, | 1/100 | BC (BEST) Sally Strike (1.55) [1.55] [1.55] [1.55] [1.55] | s No AD |
| 爿 | ERT | 210. EXTERNAL CAUSE WAS | 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | 3 LI NOTE |
| 3 | ALC | UNDERLYING OR | HOUR A.M. MONTH DAY YEAR DEATH P.M. 19 | |
| 1 | MEDICAL | 214 INJURY OCCURRED | 21e PLACE OF INJURY (ATHOME. 21f. LOCATION | |
| | X | WHILE NOT WHILE T | STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY | STATE |
| | | | ge of the rempins described obove, held on Autopsy . Inspection . Inquiry . ond in my opinion | |
| | | | | |
| | | deoth resulted from: Notur | rol couses Accident , Suicide , Homicide , Undetermined monner , | |
| | | ACTUAL / | TITLE (SPECIFY) DATE | 191980 |
| | 1 | SIGNATURE | M.D. MEDICAL EXAMINER SIGNED | 1 |
| X | | EXAMINATS NAME | ADDRESS | |
| BAUTIMORE, MARY | 23a Bl | IRIAL, CREMATION, REMOVAL 2 | 131 DATE 132 MANE OF CEMETERY OF CREMATORY 131 LOCATION | |
| | (5 | BURIAL 1 | FEB 22. 1985 Sate Of Heaving Centery Silver Jones Mint | md. |
| | 24 FL | NERAL DIRECTOR | 258 VATE REC'D. BY REGISTRAL 256 REGISTRAL'S SIGNATU | RE |
| | Ta | Any runeral Xlove O | antin, 25V Carrel st. N. n. D.C. FEB 27 1985 Levidson-R | ndelle |
| | | | | Mary . |

50 (1) The state of the s MANUAL COMMANDS COMMINGS NO MATCHER PARTIES From Felt II this I the of the continue Country Live James, man Miles Teden than the school and them some states in inding physician and completely filled in by the funeral director carban papers. Pages 1 and 2 shauld be filed within 72 hours of

STATE OF MARYLAND

| CERTIFICATE OF DEATH | | NO. | | | | |
|----------------------|------------------------------------|--|---|---|---|---|
| LASI | 20 DATE OF DEATH | MONTH | DAY | YE AR | 26 HOUR | Ī |
| GARNER | | 02 | 23 | 85 | 5 55P | |
| 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST 8 | HRTHDAY) | IF UI | NDER I YEAR | | _ |
| | CERTIFICATE OF DEATH (AS) GARNER | CERTIFICATE OF DEATH REG. 1 20. DATE OF DEATH GARNER 5. DATE OF BIRTH 6. AGE (IN YEARS LAST 8 | CERTIFICATE OF DEATH REG. NO. 2a DATE OF DEATH MONTH GARNER 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) | CERTIFICATE OF DEATH REG. NO. 2a DATE OF DEATH MONTH DAY GARNER 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 15. USE OF BIRTH | CERTIFICATE OF DEATH REG, NO. 20 DATE OF DEATH MONTH DAY YEAR GARNER 02 23 85 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR | REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR GARNER 02 23 85 5 55P 5. DATE OF BIRTH 6. AGE (IN YEAR SLAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR |

| REGISTRAR | | CERTIFICATE OF DEATH | REG. NO |). | | |
|---|--|----------------------------------|-----------------------------|---|-------------|-----------------------------------|
| 1. DECEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH | MONTH DAY | YE AR | 26 HOUR |
| (TYPE OR PRINT) | IN C. | GARNER | | 02 23 | 85 | 5 55P M |
| 3. SEX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRT | | DER I YEAR | IF UNDER 24 HRS |
| Male | White | March 23, 1922 | 62 | YRS. | HS DAYS | HOURS MIN. |
| 70. BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY | /? 8 MARRIED X NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF | DEATH | |
| Maryland | U.S.A. | WIDOWED DIVORCED | PRINCE G | EROGES " | s cou | INTY MD. |
| 10. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | ING HOME OR OTHER INSTITUTION | 12a. USUAL OCCUPATE | | 26 KIND O | OF BUSINESS OR |
| CHEVERLY | | 'S HOSP. & MC | Deputy Ward | | - | y Jail |
| USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COL | | | 13e.STREET ADDRESS / | ZIP CODE | | |
| Maryland Pr. | Geo's Distric | t YES NO [| 1944 Roche | lle Ave | /Zip | 20747 |
| 14 FATHER'S NAME | MIDDLE 1AST | 15. MOTHER'S MAIDEN N | | BUILDING TO | IAS | |
| Charles | L. Garner | | Elizabeth | | Moore | |
| 160 WAS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIAL SEC | | 1944 Roch | 5.6 | | |
| Yes (YES, NO OR UNKNOWN) (IF YES, O | TT 579-22- | 5580 Virginia Gar | ner- Hghts. | Md 207 | 47 | DISTLICE |
| PART I. DEATH WAS CAUS IMMEDIA | only one couse per fine far (a), (b), one couse per fine far (a), (b), one couse of the course of th | aute MI 2 | probable | Sex si | BETWEEN | (MATE INTERVAL ONSET AND DEATH |
| Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEO | | | | | |
| | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CON | DITION GIVEN II | N PART III | 0 |
| I 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHIC | CH OPERATION WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WE IN CERTIFYING YES | CAUSES | NGS USED S OF DEATH? |
| an contraction of Cause of a | EATH HOUR A.M. MONTH | DAY YEAR | RRED (ENTER NATURE OF INJUR | | | |
| OR CONTRIBUTING CASE OF D (IF EITHER NOTEY MEDICAL EXAMIN 21d INJURY OCCURRED WMLE NOT WHILE AT WORK | 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| saw the deceased alive of | pital) attended the deceased from 2, 3, 19, and view the body after death. | 5, and that in (my) (aur) apinio | n death accurred on the do | | of from the | that [1] (we) last causes stated |
| 22b. SIGNATURE | Mela | DEGREE M.D. ATTENDING PHYSICIAN | MEDICAL STAP | | 224 DATE | SIGNED |
| 224 PHYSICIAN'S NAME (TYPE | | 22e ADDRESS | Landou | er R | 1 (| hover |

IMPORTANT: If them 21 is marked or Item 18 shows any 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 2/28/85

23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN
Cheltenham Veterans Cen. Cheltenham, (Pr. Geo's) Md.

Burial | 2/28/85 | Upper Marlboro, Richard A. Coleman Fun'l Home Md. 20772

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending plantable detached for use as the burial-transit permit. Then please remove corbang with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remover

CEVERLY PRINCE ESTATES FACE FOR THE PRINCE FOR THE 2-66-5 The state of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO 20. DATE KNOWN F DECEASED NAME 7b HOUR (TYPE OR PRINT) OF Martha. A. Garris DEATH MATED 19 85 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. 2d HOUR SEX 4 RACE IE UNDER 24 HRS DATE PRONOUNCED Female. March 28 1926 Caucasian DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? In RIPTHPLACE (STATE OF MARRIED | NEVER MARRIED U.S.A. South Carolina DIVORCED WIDOWED X Prince George's 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Housewife Oxon Hill Oxon Hill Rd. #203 20745 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 6267 Oxon Hill Rd. #203 Prince Georges Oxon Hill Maryland T. PAGES 1 AND 2 SP DIVISION OF VITAKE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Jackson Maude Baxter James 5857 - 42nd Ave. S. 17. INFORMANT 16b. SOCIAL SECURITY NO. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? I LIE YES GIVE WAR OR DATES) 228-20-2564 Minneapolis. Minn. Louis D. Coates APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), teres relustre Cendro proculed desease USED AS A BURIAL-TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ARDED TO THE CHIE ARDED TO THE CHIE AGE 3 SHOULD BE US ATE DEPARTMENT OF YES [] NO P 710 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED THE PLACE OF INJURY (AT HOME 21f LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I taak charge of the remains described above, held on Autopsy Homicide Notural couses Deputy 2-16-85 MEDICAL EXAMINER EXAMINER'S NAME 5009 Rayburn Ct., Temple Hills, Md. Augusto P. Rodriguez, M.D. ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY 2/19/85 Washington Nat'l. Cem. Suitland P.G. Maryland BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 6160 Oxon Hill Rd. **DHMH - 17** George P. Kalas Funeral Home Oxon Hill. Md. (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND

n tom at miscellisonini Cross Hall and Take Cross 115 16. (203 TOS . by firm need that the tell fill cond norman months basige Townson'S 121-2-20 min . Outer three olds, 12mm. The decide of the Allender Lines Livenie nation . The con-

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIEN REGISTRAR REG. NO 2a. DATE OF DEATH L DECEASED NAME MIDDLE 8 38PM 02 - 20 - 85**GEESEMAN** MARY Α. 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS YEAR Caucasian Female Feb. To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wash. D.C. PRINCE GEORGE'S COUNTY U.S A. WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOUSEWITE INDUSTRY CHEVERLY PRINCE GEORGE'S GENERAL HOSP USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 20785 Pr. Geo. Hyattsville 13d INSIDE CITY LIMITS? 13. SIREET ADDRESS / ZIP CODE Rd. Md. YES TX NO T 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME (Unknown (Unknown) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT James L. Geeseman (above address) 579-14-2618 (Hosband) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Steroid

Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last. Chronic asthma PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION heart 19n DATE OF OF ERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

ew the body are death

IN CERTIFYING CAUSES OF DEATH? NO YES [

71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

211 LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Traly

Md.

CITY OR TOWN COUNTY STATE

The I contify that It (this haspital) as anded the deceased from

DEGREE ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death occurred an the date and have and from the causes stated

22c DATE SIGNED

230 BURIAL CREMATION, REMOVAL

- STATE

3. SEX

130 STATE

nc.

23¢ NAME OF CEMETERY OR CREMATORY

Health (enter,

Burial

00

MEDICAL

DHMH - 16 50M 4/83 (VRA 15, 4)

Bells Church Com. 24 FUNERAL DIRECTOR Nalley's ADDRESS Mt.Rainier

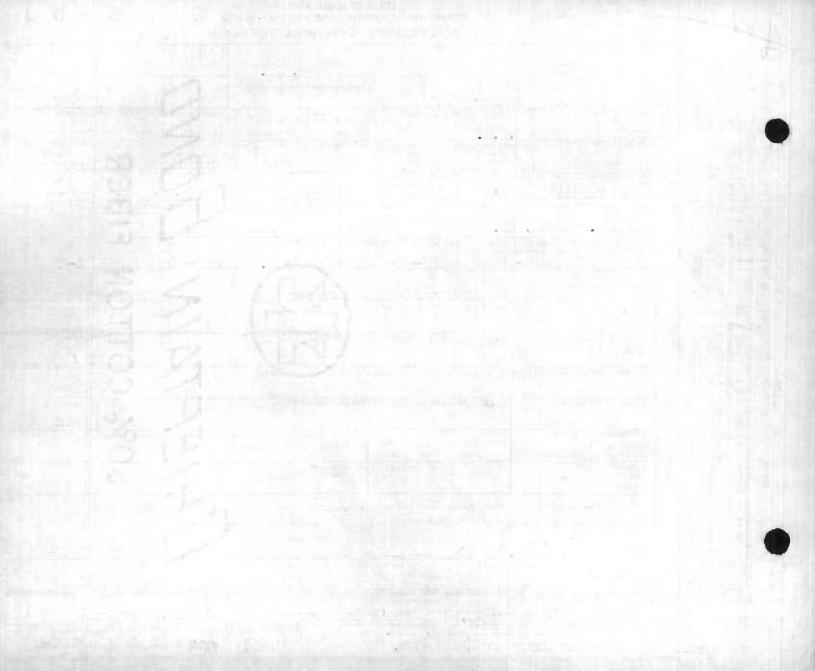
Abruary 20 10 85

Camp Springs Pr. Geo. Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

| 945 8 28-00-00 | A. SECTION |
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| | fire the colorest to the same |
| YTA OO 2120KS SOUTH | |
| - anivac/es. | . MODEL TO SEE STEED STEED STEED TO THE TANK THE |
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| 4 | | REGISTRAR | | ME | EDICAL EXAMI | NER'S | CERTIFICA | ATE OF | DEATH | REG. | NO. | | | |
| 4 | | DECEASED NAM (TYPE OR PRINT) | E FIRST | | MIDDLE | - 97 | LAST | | 2a DA | TE KNOWN | MONT | H DAY | YEAR | 2b. HOUR |
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| 多 尼亚克斯 | 1 | SEX. | 4. RACE | S. DATE OF BIRTH | YEAR LAST BIRT | YEARS IF U | NDER TYR. | FUNDER 24 | | ATE | MONTH | DAY | YEAR | 2d HOUR |
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| SE SE SE | | CITY OR TOWN | OF DEATH | II. NAME OF HO | SPITAL, NURSING HO | ME. OR OTI | | | 20 USUAL OC | CUPATION | TYPE OF WOR | 12b KI | ND OF BUS | SINESS |
| ALAEN/ | 10 | Clinton | | | racility, give street address | .) | | | FOR MOST OF | working life) | 10 | | R INDUSTR Ctric | |
| 200 | | SUAL RESIDENCE | | R OTHER INSTITUTION, C | GIVE RESIDENCE BEFORE ADMI | | | | | | | рис | 20110 | |
| 2 名詞的 | Na | ryland | Prince Ge | eorge's | Clinton | | 13d. INSIDE CITY | | 3e. STREET AD | Thrif | + Roa | d 12 | 0735) | |
| g WHAY | 100 | FATHER'S NAMI | | 30 5 | | | 15. MOTHER | | | | c Noa | | | - |
| A THE STATE OF THE | 10 | Boysie | M. Gibson | MIDDLE Sr. | LAST | | FIRS | ST | | MIDDLE | | | LAST | |
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| NO NO THE CAT | 0 | UNDERLYING | G OR | HOUR A. | M. MONTH DAY YE | AR | OW INJURY C | CCORRED | (ENIER NATURE (| AL MOURT IN HEW | (18 PART) OK | PAR1 2} | | |
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| DI E. THIS RWARE RWARE STATE | | AT WORK | AT WORK | | | | | | | | | | | |
| MA Q K H H | | 22a. I certi | fy that I took charg | e of the remains de | escribed obove, held on | Autor | psy X | Inspection | , Inqu | piry . | ond in my | opinion | | |
| EXAMNER: CERTIFICATE VUID BE FOR I DIRECTOR: I WITH THE S MARYIAND | 5 | death result | ed from Natur | alsouses X. | Accident | Suicide | . Homicid | de 🔲 , | Undetermine | d monner |]. | | | |
| DIE NAME AND THE N | | ACTUAL | MA | 1 30 | | | TITLE (SPE | ECIFY) | | | | | | |
| A H S H H | 4 | SIGNATURE. | MVV | 1 | 1 | A | ASSIS | stant | MEDICALE | SAMINER | DAT | VED_3 | 2-23- | 85 |
| NOE SE | 1// | EXAMINER'S | NAME - | | | | | | | | | 7 01 | | |
| TO MEDICAL EXAMIN EXECUTE THE CRETIFIC PAGE 4 SHOULD BE FATTO FUNERAL DIRECTO AFTER DEATH, WITH THE MENTH | 0 | (TYPE OR PRI | NT) Ann | M. Dixon | | | ADDRESS 1 | | | | o., Mo | 1. 23 | 1201 | |
| AUSAS | 23 | (SPECIFY) | TION, REMOVAL 2 | | 23c. NAME OF C | | | | 23d. LOCATIO | d . | CC | VINTY | STA | ATE |
| 07/84 BP | | Crematic | | | , 1985 Lee | | | | | inton, | | | | |
| | 24 | FUNERAL DIRECT | Lee | Funeral | Home, Inc., Clinton, | 100 | 25 | | C'D. BY REGIS | _ / / / | | | - | |
| (VR A1S ME (| 1633 | Old Alex | kander Fe | rry koad, | , Clinton, | כוויין | | MAR | 1 198 | 35 700 | la David | Lann-1 | fandels | 4 |



that was the same 1804 I direct M. W. W. Markett, H. D. 200008 . T. M. J. S. B. S. B. J. Markett M. W. Markett M.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN [(TYPE OR PRINT) OF ESTI-DEATH MATED Brunhilda IE UNDER 24 HRS 2c DATE YEAR LAST BIRTHDAY) PRONOUNCED May 20.1951 P-BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE O NEVER MARRIED FOREIGN COUNTRY) D.C. U.S.A. Prince George's WIDOWED [DIVORCED 18 CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS Unemployed Cheverly None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e_STREET ADDRESS 3a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 64th Ave Md. P.G. Riverdale 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE George Bradlev Coriene Blyther ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 578-66-9066 No Coriene Bradley-Same as # 13 18 CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c). DUE TO, OR BA CONSPONENCE OF PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In probable CVA. CERTIFICATION TO CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 20 AUTOPSY? ES SHOULD BE DEPARTMENT OF YES NO P 21a EXTERNAL CAUSE WAS 216 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFRE DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autapsy Inspection Accident __ Suicide Hamicide ___ death resulted fram: Undetermined manner TITLE (SPECIFY) Deputy EXAMINER'S NAME Augusto P. Rodriguez. 5009 Rayburn Ct., Temple Hills, Md 20748 (TYPE OR PRINT) ADDRESS 236 BURIAN CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 2/23/85 HARHONY MEM. PAKK HIGHLAND PARK P.G. MO. BP. 24 FUNERAL DIRECTOR He DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH 17 H. S. WASHINGTON + SCHS 4925 BURROUGHS AVE. N.E. (VR A15 ME (5)) 20M 4/B2

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September 18 18 20, 1981 33

D.C. 0.5.A.

Renatile Colonies

P.G. Biverdele x 6221 64th Ave.

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STATE OF MARYLAND

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR 11:20PM Elsie February 6,1985 Middler GLOVACH 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH IF UNDER 24 HRS Feb. 28, 1914 70 Female Caucasian TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's Johnstown, Pa. U.S.A. DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lanham Doctors' Hospital of Pr. Geo. Co Homemaker Home USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13033 Victoria Heights Dr/20715 13d INSIDE CITY LIMITS? Maryland Pr. Georges Bowie YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Med1e John Agnes Dupin 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Same as 13 162-50-6730 Dianne Smith/daughter 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY ardiac Arrythmia and Sailure Cerebrovascular Accident Conditions, if ony, which gove rise to immediate couse (o), stating Mellitus and Athoroscherosis underlying couse 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 I certify that (1) (the horselest ottended the deceased from January 30 19 85 to February February 6 19 85, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated sow the deceosed olive on Tebruary 6 obove. (1) (we) (did) (did not) view the body ofter death 22c DATE SIGNED 7-16 7, 1985 ADDRESS Washington, D. C. 20032 1328 Southern Avenue, S.E., Suite 210 Daniel A. Nash, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE Feb. 9, 1985 Grandview Cemetery Burial Johnstown, Penna. 24 FUNERAL DIRECTOR 250. DAJE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Capitol Funeral Service, Falls Church, VA

Canadan's Car. 21, 12 Mar. .A.S.U .. E. company of 0.7 restant De. Groupe Bowle and Article Control Victoria District Victoria . . . THE THE DISTRICT STREET, STREE Section Regard and and and and an come within a till over their than To. C. T. Translate Modeler Doubles, Egich.

DECEASED NAME TYPE OR PRINT) BIRTHPLACE (STATE OR FORET A Washington, D.C. CITY OR TOWN OF DEATH Lanham SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Maryland

FOR - STATE

REGISTRAR

Female

FATHER'S NAME

No

Ralph

LYES NO OR UNKNOWNS

PART I. DE ATH WAS CAUSED BY.

Conditions, if ony, which gave rise to immediate cause (a), stating the

71d INJURY OCCURRED

77h SIGNATURE

WHILE NOT WHILE

STATE OF MARYLAND CERTIFICATE OF DEATH

5. DATE OF BIRTH

0914

WIDOWED

GOODE

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

College Park

166. SOCIAL SECURITY NO

579-09-8615

Murray

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

MARRIED NEVER MARRIED

YES X

REG. NO 70. DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY) 11 PAY 1918

February 21.

BALTIMORE CITY OR COUNTY OF DEATH Prince George's County

12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR Homemaker of working Life CWHST Home

13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 4711 Berwyn House Road 20740

15 MOTHER'S MAIDEN NAME Catherine 17 INFORMANT (Daughter)

Peggy J. Earnhardt

NO [

Agnes

Wright ADDRES 553 Ellsworth Avenue

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

7h HOUR

18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic MYOCAR PIAL INFARCTION DUE TO OR AS A CONSEQUENCE OF NIC SHOCK

HEART BLOCK

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

DUE TO, OR AS A CONSEQUENCE OF

AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

700 AUTOPSY?

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

Crofton, Md. 21114

710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY

211 LOCATION

COUNTY STATE

220 1 certify that (1) (this haspital) oftended the deceased fram, sow the deceased alive on_obove, (I) (we) (did) (did not)

Margaret Marie

U.S.A.

White

76 CITIZEN OF WHAT COUNTRY?

Doctor's Hospital

4 RACE

MIDDLE

Everett

DEGREF

ATTENDING MEDICAL
PHYSICIAN DIRECTOR PHYSICIAN

77c DATE SIGNED

27d. PHYSICIAN'S NAME (TYPE OF PRINT)

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and have and from the causes stated

230 BURIAL, CREMATION, REMOVAL (SPECHY) Burial 2/25/85

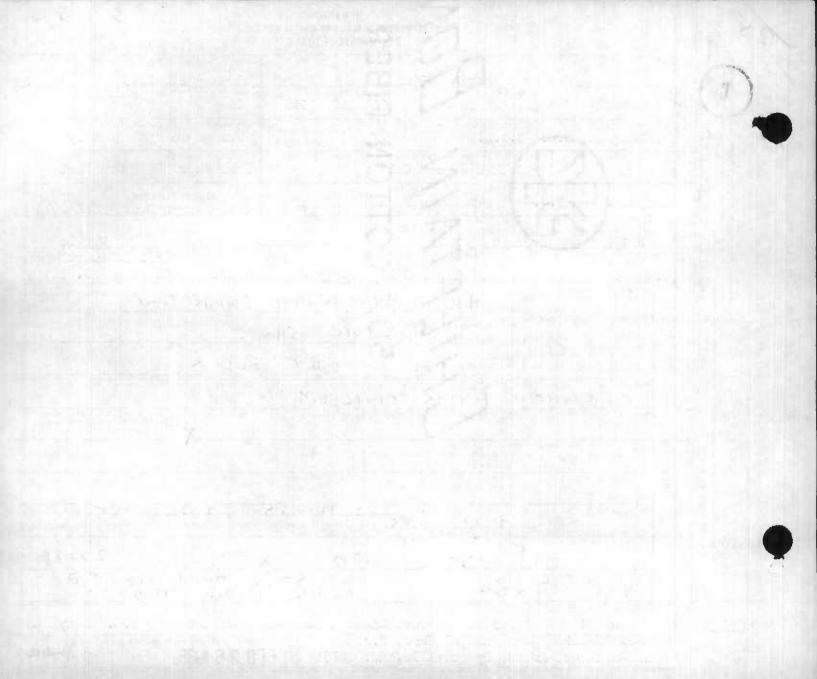
Fort Lincoln Cemetery

P.G. Maryland Brentwood 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Prancis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

Lika Davidson

DHMH - 16 60M 7/B4 (VRA 15, 4)



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

| 1 DE | | | | | | | REG. N | 0. | | |
|-----------------------|---|---|---|--|--|---|--|--|---|---|
| | CEASED NAME | FIRST | | MIDDLE | (| AST | 20. DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| (1177 | ORPRINT) | Marth | na A | | GOOI | DWIN | January 29 | 1985 | - 1 | 12:52a |
| 3 SE | X | | 4 RACE | | S. DATE C | | 6. AGE (IN YEARS LAST BIR | THDAY) IF UNI | DER YEAR | IF UNDER 24 HRS |
| | Female | | Blac | k | 4/10 | 0/1910 YEAR | 74 | YRS | DAYS | HOURS MIN. |
| | IRTHPLACE (STATE OF | RFOREIGN | 16 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | | EATH | |
| | aryland | | USA | | WIDOWE | DIVORCED [| Prince Geo | | | M |
| 10 C | ITY OR TOWN OF DE | ATH | | HOSPITAL, NURSIN CHEACILITY, GIVE STREET | | OR OTHER INSTITUTION | 120 USUAL OCCUPATI | | b. KIND O | F BUSINESS O |
| L | anham | | Doctor | s' HOspit | al of | Pr. Geo. Co. | Home-mal | | DOSIKI | |
| USU | AL RESIDENCE (IF NUI | RSING HOME OR | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | | | | 20 | 725 |
| | larvland | D D | C | Clintor | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS . | le Hil | | - |
| $\overline{}$ | ATHER'S NAME | 1 | · U · | CTTHEOL | | 15 MOTHER'S MAIDEN NA | | Te HITT | I NO | |
| | FIRST | | MIDDLE | LAS1 | | FIRST | MIDDLE | | LAS | T |
| | James Yo | | | | | Mary | Henson | | | |
| | WAS DECEASED EVE | | MED FORCES? | 166. SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRI | SS | | |
| | No | | | 219-368 | 30624 | Catherine | Wright- | SAA | | |
| | IN CAUSE OF DEA | TH (Enter on | ly one couse per | r line (o), (b), one | | | | | APPROXI | MATE INTERVAL |
| | PART I. DEATH | | E CAUSE (o)_ | la.h. | 1 11 M | anderdal o | 7-19-12-1 | 11/ | | |
| | | SNIEKCANTO | ONDITIONS C | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN | PART In | en u |
| N O | PART 2 OTHER SIC | John | nd ch | 1. hu 11 | rely | 1 | | | | |
| IIFICATION | 190 DATE OF OPER | 1423 | 196. GOND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WE IN CERTIFYING | RE FINDING CAUSES | NGS USED OF DEATH? |
| CERTIFICATION | 190 DATE OF OPER | ATION NOERLYING | 216. TIME C | DF INJURY | | N WAS PERFORMED 21t. HOW INJURY OCCUR | 286 AUTOPSY? | 20b. IF YES, WE IN CERTIFYING YES THE TEM TO | CAUSES | NGS USED |
| AL CERTIFICATION | 190 DATE OF OPERA | ATION NDERLYING [CAUSE OF DEA | 216. TIME O | DE INJURY .M. MONTH DA | AY YEAR | | 286 AUTOPSY? | IN CERTIFYING | CAUSES | NGS USED OF DEATH? |
| | 190 DATE OF OPER | ATION NDERLYING [CAUSE OF DEA DICAL EXAMINER | 21b. TIME C HOUR A. | DE INJURY .M. MONTH DA .M. OF INJURY | AY YEAR 19 | 211. LOCATION | 200 AUTOPSY? YES NO NO NEED (ENTER NATURE OF INJU | IN CERTIFYING YES THE TEM IS PART TO | OR PART 2) | NGS USED OF DEATH? NO |
| MEDICAL CERTIFICATION | 190 DATE OF OPERA 210. ACCIDENT WAS UPOR CONTRIBUTING [150] 150 ETHER NOTIFY MED 21d INJURY OCCUP | ATION NDERLYING [CAUSE OF DEA DICAL EXAMINER RRED | 21b. TIME C HOUR A. | DF INJURY .M. MONTH DA .M. | AY YEAR 19 | 21c. HOW INJURY OCCUR | 286 AUTOPSY? | IN CERTIFYING YES THE TEM IS PART TO | CAUSES | NGS USED OF DEATH? |
| | 190 DATE OF OPERION OR CONTRIBUTING [18 ETHER NOTIFY MET 21d INJURY OCCU! WHILE [18 AT WORK] NOTIVATION AT WORK] | ATION NDERLYING [CAUSE OF DEA DECAL EXAMINER RRED WHILE [ORK | 21b. TIME C HOUR A P. 21e. PLACE (AT HOME, ST | DE INJURY .M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA | AY YEAR 19 | 211 LOCATION STREET | 200 AUTOPSY? YES NO NO NEED (ENTER NATURE OF INJU | IN CERTIFYING YES THE TEM IS PART TO | OR PART 2) | NGS USED OF DEATH? NO |
| | 190 DATE OF OPER. 210, ACCIDENT WAS UPOR CONTRIBUTING IF EITHER NOTES WAS 21d INJURY OCCUI WHILE NOTE AT WORK AT W 220.1 certify that (sow the decea | ATION NDERLYING [CAUSE OF DEA DICAL EXAMINER RRED VHILE [ORK 1) (this hospi | TH HOUR A. P. 21e. PLACE (AT HOME, ST | OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA Ree eleceosed from 29 19 | AY YEAR 19 ARM ETC) | 211 LOCATION STREET | 200 AUTOPSY? YES NO NO NOTE: NO NOTE: CITY OF TO | IN CERTIFYING YES THE TIEM IS PART I CO | OR PART 2) | NGS USED OF DEATH? NO STATE |
| | 190 DATE OF OPER. 210, ACCIDENT WAS UPOR CONTRIBUTING IF EITHER NOTES WAS 21d INJURY OCCUI WHILE NOTE AT WORK AT W 220.1 certify that (sow the decea | ATION NDERLYING [CAUSE OF DEA DICAL EXAMINER RRED VHILE [ORK 1) (this hospi | 21b. TIME C HOUR A P. 21e. PLACE (AT HOME, ST | OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA Ree eleceosed from 29 19 | AY YEAR 19 ARM ETC) | 211 LOCATION STREET | 200 AUTOPSY? YES NO NO NOTE: NO NOTE: CITY OF TO | IN CERTIFYING YES RY IN ITEM IB PART I C WN 19 2 ofe and hour and | OR PART 2) | NGS USED OF DEATH? NO STATE that (II (we) locouses stated |
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

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12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 13e STREET ADDRESS / ZIP CODE 6109 Lombard St. Brown Mrs. Evelyn W. Gordon (Wife) Same as# ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DAVE SIGNE Hyattsville STATE CREMATION 1985 CHAMBERS CREMATORY RIVERDALE FEB. 24 FUNERAL DIRECTOR W. W. CHAMBERS CO. 5801 CLEVELAND AVE, RIVERDAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

IF UNDER 24 HRS

IF UNDER I YEAR

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

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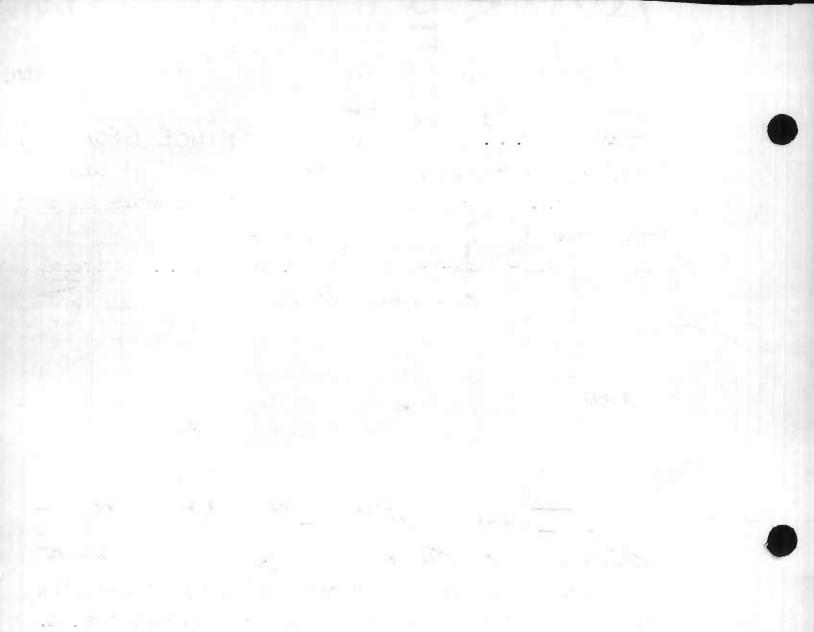
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| ALTIMO | DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 MINNER, THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. # ANY DELAY IS NECESSARY, REASE THEOATE, WRITING THE WORD "PENDING" IN PENCIL IN 1EM 18, GENERACES 1.2. AND 3-46 HORROLD INFECTIOR. BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCASS WITH FORM PM 3. RETAIN RAGE 5 FOR YOUR FILES. BE FORWARDED TO THE CHIEF MEDICAL EXAMINER PACKS IN NO 2 SHOULD BE FILED. WITHIN 72 HOURS THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGISHE DIVISION OF MEAL RECIPIES. 201 M. PRESTON STREET. WAND, 21201 PRICE TO BURBLAL CREMATION. OR REMOVAL. | 16a. V (Y | VAS DECEAS ES, NO, OR UNKN Yes | ED EVER IN U.S. | ARMED F | | | -70-102 | _ | Buena G | ray | 65 Re | 23 C | RESS Colon illa | ial ge. | Terra | 0785 |
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4339 HURT PLACE, N.E.

STATE OF MARYLAND



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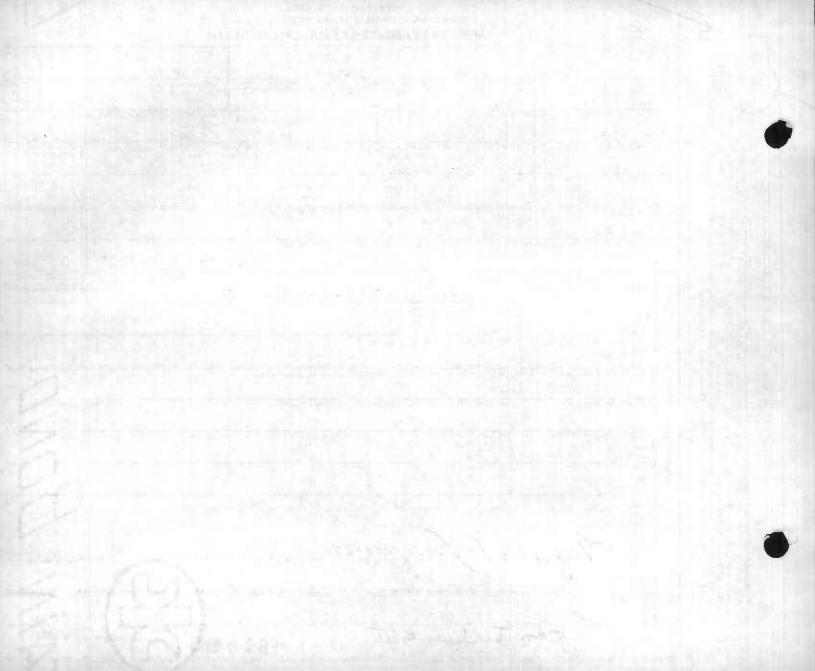
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P. Cench's Sons P.H. o. . Traiterille, Maryland this

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECE ASED NAME 20 DATE KNOWN TY MONTH (TYPE OR PRINT) OF ESTI-85 06 Wilson Smith Greene 6 AGE (IN YEARS 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED Feb. 13,1921 DEAD 6R3 Male Black. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) USA Goergia WIDOWED _ DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE Retired Prince George's General Hospital Chever1v 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 2305 Vermont Avenue Maryland P.G. Landover YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDIE FIRST Porthine Alexander Lucious Green 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 227 16 8796 Luther Green-brother-1833 L Street, N.E. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF - Conditions, of ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Diabetes mellitus 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY 214. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK Inquiry X 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes Y Accident Suicide Hamicide ____ Undetermined manner death resulted from-EXAMINER'S NAME ADDRESS 5009 Rayburn Ct. Augusto Rodriguez, M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY ,1985 Ft. Lincoln Cemetery Brentwood, Maryland Burial DHMH - 17 Home-4001 Benning Road, NFEB (VR A15 ME (5)) Stewart 20M 4/B2



DEPARTMENT OF HEALTH AND MENTAL HYGI - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE L DECEASED NAME 2a. DATE KNOWN X (TYPE OR PRINT) ESTI-DEATH MATED MARGARET GWINN 19 85 (NMI) 6. AGE (IN YEARS | IF UNDER 1 YR. SEX 4 RACE S DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 19 85 Jun. 21, 1921 Female White 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED X DIVORCED Prince George's County CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Claims Representative American 5613 Ruatan Street Berwyn Heights Postal 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Berwyn Heights YES X NO [5613 Ruatan Street Prince George's 20740 Maryland A FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDDLE Samuel Biddle, Sr. Bessie Jenkins 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADD 8703 36th Avenue (YES, NO, OR UNKNOWN) 578 16 0415 Joseph W. Gwinn (Son) College Park, Md. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to None 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗍 NO X None 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inquiry X 228 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Undetermined manner deoth resulted from: Notural couses Accident Suicide __ Homicide TITLE (SPECIFY) 2/12/85 Deputy MEDICAL EXAMINER SIGNATI 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md. 23a. 8URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY 2/15/85 Fort Lincoln Cemetery Buria1 Brentwood P.G. Maryland Francis Gasch's Sons Funeral Home, P.A. 250. DATE REC'D. 8Y REGISTRAR 256 REGISTRAR'S SIGNALIBEACH **DHMH - 17** (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md. 20781

20M 4/82

STATE OF MARYLAND

TEMADEAN Formio white Jun. 21, 1921 63 rince dear etr Count, Berryn Boighte 515 noten Street Merglan Frince George's Street 2 5613 Rutu Street scate my containl disours. Jerut, Silver Dring, ontropry, no. ohn J. Krere, i.D.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 - | REGISTRAR | | | | CERTIF | ICATE OF D | EATH | | REG | NO. | | | |
|---------------|--|---------------------------|--------------------|-----------------------|----------------|----------------------|----------------------|------------|---------------------------------|----------------|---------------|------------|--------------------------------------|
| | CEASED NAME | FIRST | | MIDDLE | ı | AST | E III | 2a DATE | OF DE ATH | HIMOM | DAY | YEAR | 26 HOUR |
| | | ALFRI | ED | | Н | ALEY | | | | 2 | 19 | 85 | 5.00pm M |
| 3. SE | X | | 4 RACE | | 5. DATE C | | YEAR | 6. AGE | IN YEARS LAST | BIRTHOAY) | MONTH | DER TYEAR | IF UNDER 24 HRS HOURS MIN. |
| N | Male | | Caucas | ian | Sept | | 1905 | 79 | | YE | 0 | | |
| 7a 81 | RTHPLACE (STATE O | R FOREIGN | 76 CITIZEN OF | WHAT COUNTRY | ? 8. | D X NEVER M | APPIED T | 9 BALTIA | MORE CITY | OR COU | NTY OF D | EATH | |
| | England | | U.S.A | | WIDOWE | | ORCED | PRIN | CE GE | ORGES | S COU | NTY | MD |
| 10 CI | ITY OR TOWN OF DE | EATH | 11. NAME OF | HOSPITAL, NURS | ING HOME C | OR OTHER INST | TUTION | | AL OCCUP | | | L KIND O | F BUSINESS OR |
| CI | LINTON MD | 4 116 | SOUTH | RN MARY | LAND' H | OSPITAL | | | | | | | P Telep |
| 13a S | at residence if Nu state aryland | 136 COUN | | 13c CITY OR TO | WN | | NO 🗌 | 391 | T ADDRES | | | 2071 | 48 |
| 14. F.A | ATHER'S NAME | , | AIDDLE | LAST | | 15 MOTHER'S | MAIDEN NA | ME | MIDDLI | | | LAS | ST |
| | James | | L. | Haley | | Emi | .ly | 7752 | M. | | Jer | nnin | gs |
| | VAS DECEASED EVE | | MED FORCES? | 166 SOCIAL SEC | | 17 INFORMAN | VT. | | 3914 ^{ADI} | DRESS Leisu | re Di | r. | |
| | No | | | 577-01- | 2282 | Thelma | A. Ha | ley | Tem | ple H | ills. | Md | MATE INTERVAL ONSET AND DEATH |
| CERTIFICATION | Conditions, if on gave rise to in couse (a), state underlying court PART 2 OTHER SIGNATURE OF OPER | inmediate ing the se lost | DUE TO, O | R AS A CONSEO | UENCE OF | ealine | TO THE TERM | Ca | ASE OR CO | 20b. f | YES, WE | | eyter few NGS USED S OF DEATH? |
| | 210. ACCIDENT WAS U | CAUSE OF DEA | HOUR A. | M. MONTH | | 21¢ HOW INJ | IURY OCCURE | RED (ENTER | R NATURE OF | MURY IN ITEA | A TB PART I C | OR PART 2] | |
| MEDICAL | 21d. INJURY OCCU | | 21e. PLACE | | 19 | 211 LOCATIO | N | | 5101.0 | RIOWN | | OUNTY | STATE |
| ¥ | WHILE NOT | WHILE | I AT HOME, ST | REET, FACTORY, OFFICE | E, FARM, ETC } | STREET | | | CIIYO | R TOWN | | OUNIT | STATE |
| | 220 I certify that (| I) (this houps | ~ | 119 19 | 85 | | ITENDING HYSICIAN | death occu | AL S | TAFF | | | that (I) (see) lost couses stated |
| | K. h | 1cC0 | IPNN | rapy | WD | 5620 | St. | BAR | NAD | ASK | 1.10. | MAR | bwHgI |
| | BURIAL, CREMATION | N, REMOVAL | 23b. DATE 2/22/ | | | cemetery or color Ce | eme tery | 7 Bi | CATION CITY OR TOWN rentw | ood | P.G. | . Ma | aryland |
| | eorge P. | Kalas | Funeral | Home C | 60 0xc | n Hill | Rd 250 DAT | REC'D. B | 1005 | AR 25b RE | GISTRAR'S | SIGNAT | rure Renda M. |

DHMH - 16 50M 4/83

the burial-transit permit. Then pleas and Mental Hygiene prior to burial,

IMPORTANT: If them 21 is morked or TO FUNERAL DIRECTOR Afra should be detached for use os with the State Dept. of Health

(VRA 15, 4)

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| 25+1 | 1 - | FOR STATE REGISTRAR | | DEPART | MENT OF HE | OF MARYLA ALTH AND M CATE OF DI | ENTAL HYG | IENE 5 5 | 0 | 5 9 | 16 |
|--|-----------|---|-----------------|---|---------------|---------------------------------------|-------------------|--|-----------------|-------------------|-------------------|
| , | | CEASED NAME FIRS | | MIDDLE | 1A | 51 | | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
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| (Fi | 3. SE | (| 4. RACE | | 5. DATE OF | | YEAR | 6. AGE (IN YEARS LAST I | IRTHDAY) | IF UNDER TYEAR | # UNOER 24 HRS |
| | | Male | 7 6 | White | 9 | 7 | 27 | 57 | YRS. | | THOUSE MARK |
| a 52 10 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZ | EN OF WHAT COUNTRY | ? 8 | NEVER M | ARRIED | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | |
| no 72 no 72 | | shington D.C | | S.A. | WIDOWED | DIV | ORCED [| PRINCE | GEORGE | S COUNT | Y MD. |
| offer d | 10 C | TY OR TOWN OF DEATH | (IF NO | ME OF HOSPITAL, NURSI OT IN SUCH FACILITY, GIVE STREE NCE GEORGES | T ADORESS) | | | 12a. USUAL OCCUPA (TYPE OF WORK FOR MOS | | | |
| ours ours | USU | AL RESIDENCE (IF NURSING HO | ME OR OTHER INS | TITUTION, GIVE RESIDENCE BEFO | RE ADMISSION) | | | Aerospace | | | pons Cen. |
| mprittand 2120 | | . 1 1 | . G. | 113c. CITY OR TO | | 13d INSIDE CIT | TY LIMITS? | 13e.STREET ADDRESS | | | 00704 |
| Z (2 24 2) | - | THER'S NAME | . G. | New Carr | | 15. MOTHER'S | | | OTITO | n Parkwa | ay 20784 |
| A 2 100 | | FIRST Am a a | MIDDIE | LAST | | | RST | MIDDLE | | LAS | T |
| THE STATE OF | 16a V | Amos VAS DECEASED EVER IN U.: | S. ARMED FOR | Hall RCES? 166 SOCIAL SEC | URITY NO. | Mal 17 INFORMAN | | ADP | orer | Kyl | 2 |
| 9 11 11 | | | .W.II | | FICE | D 4.1 | ** ** | 11 /*** 6 \ | | | American Inc. |
| 1 52 11.1 | | | | | | Dorothy | V W. He | all (Wife) | Same | as 13e | MATE INTERVAL |
| 3 135 FEET | | PART I. DEATH WAS C. | AUSED BY: | CAAN | IAC | AR | RE: | 57 | | BETWEEN | ONSET AND DEATH |
| 2 1 23 | | IMMI | DIATE CAUSI | (0) | 174 | | | | - | | |
| 3/3/2 | | Conditions, if ony, which | DUE | TO, OR AS A CONSEON | ARM | A1 / | NEA | +RCT10 | N | | |
| 10000000000000000000000000000000000000 | | gave rise to immediate couse (a), stating the | e | | | | | | | | |
| AN CONTRACTOR | | underlying couse los | DUE | TO PRAS A CONSEON | SC / | ERATI | C He | SHET DIS | SEXS | A | |
| 8 . A 9 8 8 9 | | PART 2. OTHER SIGNIFICA | | | | | | | | | 0 |
| 8 1 1 1 1 1 | Z | INTECTI | ON | RADIOLO | | 10 | 15 | | | | |
| 8 9 7 1 | IFICATION | 190 DATE OF OPERATION | 19b | CONDITION FOR WHIC | | WAS PERFOR | RMED | 20e AUTOPSY? | | S, WERE FINDIN | |
| 3 2 2 2 2 2 2 1 | E | | | | | | | YES NOT | | FYING CAUSES | OF DEATH? |
| E 362 | CERT | 210. ACCIDENT WAS UNDERLYIN | | TIME OF INJURY | | 21c HOW INJ | URY OCCUR | RED (ENTER NATURE OF IN | URY IN ITEM 18 | PART I OR PART 2) | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | AL | OR CONTRIBUTING CAUSE | OF DEATH | P.M. | DAY YEAR | | | | | | |
| 3 | MEDICAL | 214 INJURY OCCURRED | 21e. | PLACE OF INJURY | | 211. LOCATIO | N | CITY OR | (0) | COUNTY | STATE |
| \$ (\$1) 1133 | Z | WHILE NOT WHILE THE AT WORK |] (AT) | HOME STREET, FACTORY, OFFICE | , FARM, ETC) | SIKEEL | | CHYOR | OWN | COUNTY | STATE |
| 0 200 | | 22a.l certify that (I) (this | | nded the deceased from | 4 | | 19 74 | 1, 10 Z-1 | | 19 35 | that (I) (we)Jast |
| - | | sow the deceased alicabove, (1) (we) (did) (e | | | 55, one | that in (my) (| eur) epinion i | deoth accurred on the | date and had | | |
| D to E | | 22b. SIGNOTURE | ra not) view in | ne body differ dearn | 0 | EGREE) | 100 | | | 22c. DATE | SIGNED |
| O # 0 # 0 # 0 | | 15h /5 | - and | worm | n | | TTENDING HYSICIAN | MEDICAL ST | AFF ICIAN [] | 2-3 | 2.85 |
| SPIT SPIT STOOM ST | | 224 PHYSICIAN'S NAME | | | 1 \ | 22e ADDRESS | | 7 LAAIN | 7/1/5 | AR | X |
| O HOSPIT TO FUNER should be with the Ste MAPORTAN | | DON B | CA | MERON | MD | | - 110 | CHEVE | PLU | MIN | 30785 |
| 5 5 5 4 W W | 23a (| SURIAL, CREMATION, REMO | VAL 23b D | ATE 23c | NAME OF CE | METERY OR C | REMATORY | 23d LOCATION | 1 | 1 | |
| 8P | | SPECIFY) Cremation | n Feb | 4, 1985 _{Fo} | rt Tin | coln c | | CITY OR TOWN | od n | COUNTY | STATE |
| DHMH - 16 50M 4/83 | 24-E | ancis Gasch's | Sons | Funoral Hom | D A | COLIII CT | emator 250 DAT | Brentwo | R 25b. REGIST | TRAR'S SIGNAT | yland URE |
| (VRA 15, 4) | | 39 Baltimore | | | | | FEE | 7 1980 | 4 | | |

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Nalley's F.H.

FOR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

DECEASED NAME TYPE OR PRINTS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Md .

REG. NO

18

85

IF UNDER 1 YEAR

INDUSTRY

Peters

COUNTY

Tie Davidson-Randelle

22c DATE SIGNED

26 HOUR

14:10p

IF UNDER 24 HRS

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2a DATE OF DEATH

Hansafa .du Stanta - total nuci. - USS-10-6241 Sawasaw. Washam 1201-485ann by

OR ATTENDING PHYSICIAN: The los

retained by the hospital or attending physician

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| STATE OF MARYLA | AND |
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| FOR STATE REGISTRAR | DEPA | CERTIFICATE OF DEATH | REG. NO. | |
|--|--|--|---|--|
| 1. DECEASED NAME FIRST | WIOOLE | LAST | 20. DATE OF DEATH MONTH | OAY YEAR 26 HOUR |
| (TYPE OR PRINT) Annie | D. | Harris | February | 19, 1985 12:31pm |
| 3. SEX | 4. RACE | 5 DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER TYEAR IF UNDER 24 HRS |
| Female | Black | Jan. 29.1898 | 87 YR | |
| To BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | | 9. BALTIMORE CITY OR COU | NTY OF DEATH |
| Marvland | USA | WIDOWED DIVORCED | Prince Georg | re's MD. |
| Riverdale | (IF NOT IN SUCH FACILITY, GIVES) | RSING HOME OR OTHER INSTITUTION TREET ADDRESS) | 128 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN | 126, KIND OF BUSINESS OR INDUSTRY |
| | Leland Memori | | Housewife | |
| | OUNTY 13c CITY OR 1 | TOWN 136. INSIDE CITY LIMITS | ? 13e.STREET ADDRESS / ZIP CO | DDE 20783 |
| Maryland | P.G. Hyat | tsville YES NO O | 6500 Riggs | Road |
| 14 FATHER'S NAME FIRST | MIDDLE LAST | 15. MOTHER'S MAIDEN | MIDDLE | LAST |
| Charles | Bernard Til | ghman Annie | D. | Brown |
| 160 WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN) (IF YES | . ARMED FORCES? 1166 SOCIAL S S. GIVE WAR OR GATES) | SECURITY NO. 17 INFORMANT | ADDRESS | |
| no | 213 1 | 6 3993 Sherry B | . Pollock-gran | ddaughter-240 |
| Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last. | DIATE CAUSE (a) DUE TO, OR AS A CONST | sproting for | em ma | lui |
| | NT CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE T | ERMINAL DISEASE OR CONDITION | GIVEN IN PART I 10 |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WE | HICH OPERATION WAS PERFORMED | | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO |
| OBSOLUTION CAUSE OF | F DEATH HOUR A.M. MONTH | | CURRED (ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART 2) |
| OR CONTRIBUTING CASE OF CASE O | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFI | FICE, FARM, ETC.) | CITY OR TOWN | COUNTY STATE |
| sow the fectored alive above, 11 (9) (did (di | aspital) attended the deceased from | 1 | ian death occurred on the date and | |
| 22b. SIGNATURE | h | | MEDICAL STAFF | 2/19/85 |
| 226 PHILL TANSMAME (T | | 22e ADDRESS | | |
| Abraham Dabe | la, M.D. | 4400 Queen | sbury Road, Rive: | rdale, Md. 20737 |
| 230. BURIAL, CREMATION, REMO | VAL 236. DATE | 23c. NAME OF CEMETERY OR CREMATO | RY 23d LOCATION | |

| Buria. | Feb. 25,1 | 985 Mount | Olivet | Cemetery | Washington, | D.C |
|----------------------------------|-------------|-----------|-----------|------------|---------------------------|------------|
| 24 FUNERAL DIRECT Stewart Fuller | 1 Home-4001 | Enning | Road N. E | B 2 5 1985 | ranzy REGISTRAR'S SIGNATI | URE nde 12 |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 3 with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

injury, ar other traumatic event, th

IMPORTANT: If them 21 is marked or them 18 shaws ony

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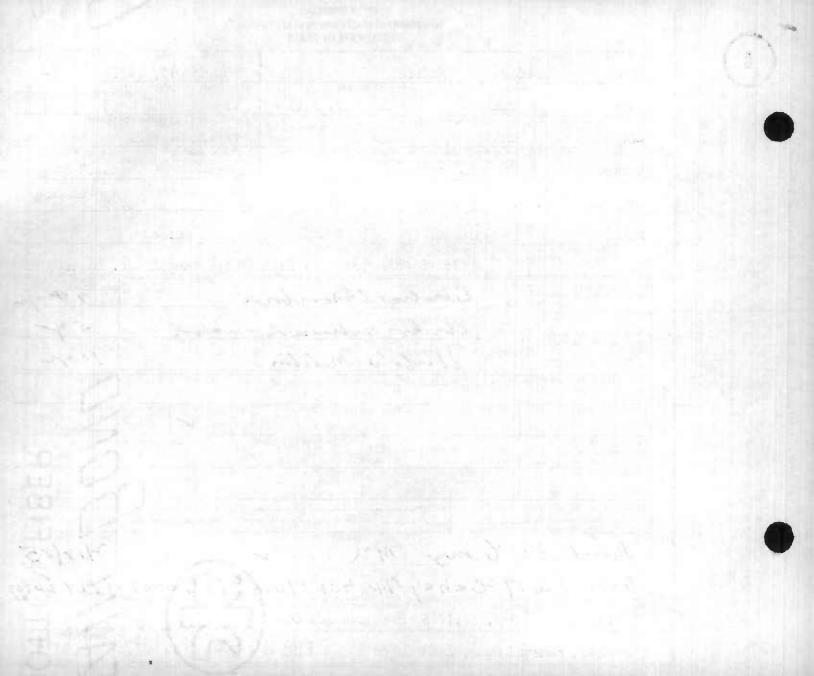
FOR

STATE OF MARYLAND

| REGISTRAR | | | CERTIF | ICATE OF DEATH | REG | NO. | | |
|---|----------------------|---|------------------|--|--|-------------------|---|-------------------------------|
| 1. DECEASED NAME FIRST | N. L. | MIDDLE | l | AST | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| Hope G | ordon | Hatte | L | | February | 1 17, | 1985 | 3A M |
| 3 SEX | 4 RACE | | 5 DATE C | OF BIRTH | 6. AGE (IN YEARS LAST | BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| male | white | | Jul | y 27, 1901 | 83 | YRS | | THOUSE MIN. |
| 70. BIRTHPLACE STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 AA A P D IE | D NEVER MARRIED | 9 BALTIMORE CIT | OR COUN | ITY OF DEATH | |
| Virginia | USA | | WIDOWE | | Prince | Georg | es | MD. |
| Laurel | (IF NOT IN SUE | HOSPITAL, NURSING CHEACILITY, GIVE STREET A COND STREET | DDRESS) | OR OTHER INSTITUTION | 12a USUAL OCCUP (TYPE OF WORK FOR MO OWNEY | | | body |
| Maryland 13b COL | DR OTHER INSTITUTION | GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Laurel | | 13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌 | 13e STREET ADDRES | is/zipco | 20707 C | ompany |
| 14 FATHER'S NAME William | MIDDLE | Hatter | | Nettie | MIDDI | lassey | LAS | st . |
| 160 WAS DECEASED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL SECUR | | 17. INFORMANT | | DRESS | | |
| no | THE WAR OR DATES! | 213 05 8 | 331 | Frances Fair | all 319 La | urel | Ave. Lau | rel, Md |
| 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | ED BY: | linger (o), (b), and | 1011 | throman | ii | | BETWEEN | ONSET AND DEATH |
| IMMEDI | ATE CAUSE (0) | | | | | - 12 | | - |
| Conditions, if ony, which | DUE TO, C | R AS CONSEQUE | ACE OF | chara S | mush | 1 | 3 | - m |
| gave rise to immediate | DUE TO, O | D AS PONSEOUS | NCE OF | 0 | | | | |
| underlying couse lost. | (c) | R AS A CONSEQUE | No | melition | | | 10 | ye |
| PART 2. OTHER SIGNIFICANT | CONDITIONS | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | NNAL DISEASE OR CO | NOITION | GIVEN IN PART 1 | 0 1 |
| NO N | | | | | | | | |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 19b. COND | ITION FOR WHICH O | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF IN CER | YES, WERE FINDI RTIFYING CAUSES YES | NGS USED S OF DEATH? NO |
| 00 500 170 170 10 10 5 11105 05 0 | EAIR | OF INJURY .M. MONTH DA .M. | Y YEAR | 21c. HOW INJURY OCCURI | RED (ENTER NATURE OF | NJURY IN ITEM | TB PART I OR PART 2) | 0.00 |
| OR CONTINBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | OF INJURY REET, FACTORY, OFFICE, FA | RM ETC) | 211 LOCATION STREET | CITY O | RIOWN | COUNTY | STATE |
| 220 I certify that (I) (this has | pital) attended tl | ne deceased fram_ | | . 19 | , to | | _, 19, | that (I) (we) lost |
| sow the deceased alive a above, (1) (we) (did) (did) | n | ofter deoth. | . 01 | nd that in (my) (our) opinion | death occurred on the | e date and l | hour and from the | couses stated |
| 276. SIGNATURE | my. | mare | m | DEGREE ATTENDING | MEDICAL S DIRECTOR PHY | TAFF | 22c. DATE | SIGNED COLORED |
| 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | | M | 22e ADDRESS | • ~ - | | | 1.4 |
| 110 DELT J | 1700 | eney | 11.1 | 4021741 | ndr 4 | aru | 14119 | 412676 |
| 230. BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL | | 20.1985 | | Lincoln Cem | 23d. LOCATION CITY OR TOWN | | COUNTY | STATE |
| Su cut | | 20,770 | 5.00 | Danted Can | Brentwo | 10a. M | laryland | 00 |

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
Donaldson Funeral Home, Laurel, Md



20M 4/82

A STEEL CONTROL OF THE STATE OF and the same and and a same to the same . Darker-land terminal care to the state of t

(VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO 7a DATE OF DEATH 2b. HOUR DECEASED NAME MIDDLE MONTH FIRST LIYPE OR PRINTS ANNA 24 HAYS 85 02 27 3 45A IF LINDER 1 YEAR IF UNDER 24 HRS 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 3 SEX Jan. 17, 1915 EAR White Female 70 70. BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York U.S.A. PRINCE GEORGE'S COUNTY WIDOWED DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR Bookkeeper PGG "HOSPITAL" AND MEDICAL CENTER Business Office CHEVERLY Maryland 13d. INSIDE CITY LIMITS? 13 15 11 4 Baden Westwood Road Brandywine YES X NOF 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Kolarik Pearl Morris Eva John ADDRESS 16h. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 577 01 8081 Nancy Hall. Shenandoah, Virginia APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and to: PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO OR AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate couse (o), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION CUT 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I YES [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER NOTIFY MEDICAL EXAMINER P.M 19 71d. INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 I certify that (This haspital) attended the deceased from saw the deceased alive on and that in (my) (our) apinian death occurred on the date and hour and from the causes stated 72% SIGNATORE DEGREE 7% DATE SIGNED ATTENDING PHYSICIAN CHURECTOR PHYSICIAN [224 PHYSICIAN S NAME (TYPE OF PRINT 77e. ADDRESS ROBERT DEITZ, M.D. 7500 HANOVER PKWY. GREENBELT, MD. 230 BURIAL CREMATION REMOVAL 736 DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Leake's Chapel Stanley Page Virginia 24 FUNERAL DIRECTOR

Bradley Funeral Home 187 E. Main St. Luray, Va

DHMH - 16 50M 4/83 (VRA 15, 4)

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filled in by the funeral di-gould be filed within 72 has

STATE OF MARYLAND

| DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE | | | | |
|---|-------------------|-------|-----|------|---------|
| | REG. N | 10. | | | |
| LAS1 | 2a. DATE OF DEATH | HINOM | DAY | YEAR | 2b. HOU |

| | REGISTRAR | | | | CERTIF | CATE OF DEATH | | REG. NO. | | | |
|------------|--|----------------|-----------------------|-----------------------------|-------------|--|--|----------------|--------------|-------------------|----------------------------------|
| | ASED NAME | FIRST | MIDI | DLE | 1.7 | AS1 | 2a. DATE OF I | | ONTH D | AY YEAR | 2b. HOUR |
| I I YPE OF | R PRINT) | JAME: | 2 | W. | | HENSEL. | | | 02-0 | 2-85 | 2:52AN |
| 3. SEX | | U/VIL | 4 RACE | - VV. • | 5. DATE O | F BIRTH | 6 AGE IN YEA | ARS LAST BIRTH | DAY) | # UNDER TYEAR | IF UNDER 24 HR |
| M. | ale | | White | | Sept | | 63 | | YRS. | ONTHS DAYS | HOURS MI |
| | HPLACE (STATE OR FO | 1 | 76 CITIZEN OF WE | | 8 MARRIE | | 9. BALTIMOR | _ | COUNTY | | |
| 100 | hington, I | | U.S. | | WIDOWE | D DIVORCED | | | | COUNTY | |
| | OR TOWN OF DEA | TH | (IF NOT IN SUCH F. | ACILITY, GIVE STREET | ADDRESS) | ROTHER INSTITUTION ING CARE CENT | 12a USUAL O | | WORKING LIFE | INDUSTRY | trical |
| 13a ST/ | RESIDENCE IN NURSE ATE yland | 136 COUN | | CCITY OR TOW | | 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS / ZIP CODE 4403 Franklin Terra 2 2070 | | | | |
| 14 FATE | HER'S NAME FIRST | | MIDDLE | Hensel | | 15 MOTHER'S MAIDEN NA FIRST Annæ | AME | MIDDLE | | Hou | iff |
| | AS DECEASED EVER I | E MAR OR DATES | 6 SOCIAL SECU | | Betty Sue F | Hensel. Same as item 13. | | | | | |
| 1 | 8 CAUSE OF DEATH PART I. DEATH W. | | | e for (a), (b), an | dichi | 2.1 1 | | | | BETWEEN | IMATE INTERVAL ONSET AND DEAT |
| | | | E CAUSE (a) | # SEP | 110 | en, A | | | | DA | 43 |
| NOIL | gave rise to imm cause la), stating underlying cause | the last. | colitions con | TRIBUTING TO L | DEATH BUT | M PRENT | | OR CONDI | ITION GIVI | | |
| TIFIC | The continuous | | | | | | | | IN CERTIF | YING CAUSES | |
| | OR CONTRIBUTING C | AUSE OF DEA | TH HOUR A.M. | MONTH DA | AY YEAR | 21c HOW INJURY OCCU | RRED (ENTERNATI | URE OF INJURY | IN ITEM 18 P | ART I OR PART 2) | |
| M | WHILE NOT WH | | 21e. PLACE OF | INJURY FACTORY, OFFICE F | ARM ETC) | 211. LOCATION STREET | | CITY OR TOWN | N. | COUNTY | STATE |
| | In I certify that (1) | d aliv on | tal) ottended the | 19.4 | P.S., on | d that if (my) (aur) apiniar | to | an the date | e and have | and fram the | the (1) we) I |
| 1 | IN SIGNAL | 20 | 5 | 3.00 | | DEGREE ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF PHYSICIA | AN 🗌 | 2/2/ | SIGNED |
| 7 | PSCHISS | LEA | for D | YABLO | Nowi | 2 7500 GH | RENWA | Y CT REEN | R DA | =mD | 2077 4 |
| | Burial | | 2/5/1985 | 5 Ft | . Idn | emetery or crematory coln Cemeter | CITY O | ntwoo | | COUNTY Marylar | STATE |
| 24 FUN | PERAL DIRECTOR | Jose Av | ph Gawler e., N.W. | Wash** | D.C. | 25a 🗗 | EB 06 1 | 985 | REGIST | ARS NGNA | fandalo |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages A and 2 showith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

| | 100 mm 20 | iser os | | | | |
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| n Lastra | to to est | | | | | |
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| i u | | 20175 | Longo | | | (Unit |
| n item 13. | entel. Samo m | Telegraphic | 0307-77- | 6.25 | | |
| DAYS. | | = - 14 | Jack Co | 1 | | |
| 2.4.4.3.4. | | 1 Pollson | | | | |
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| 8-73 | 12/4 | | | | | |
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| ter he so | | | | | A STATE OF | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

DIVORCED [

NO [

Georgia

15 MOTHER'S MAIDEN NAME

REG. NO LAST 2a DATE OF DEATH MONTH 2h HOUR February 28, 1985 7.59 n M 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IETINDED I VEAD POTH 1895 07

BALTIMORE CITY OR COUNTY OF DEATH

Prince George's

LTYPE OF WORK FOR MOST OF WORKING LIFET

12a, USUAL OCCUPATION

Housewife

13e STREET ADDRESS / ZIP CODE

MIDDLE

17 INFORMAN (Daughter) 4313 Knox Road #606

6700 Belcrest Road

Frances Harpine College Park, Maryland 20740

Naoma Rose HERLIHY 4 RACE

3 SEX Female White

TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? WIDOWED

New York ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

FIRST

FOR

- STATE

LIVEE OR PRINTS

REGISTRAR

DECEASED NAME

(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)

Doctors' Hospital of Pr. Geo. Co. USUAL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IS STATE

136 STATE

137 COLINTY

13d INSIDE CITY LIMITS? P.G. Maryland

Hvattsville 14 FATHER'S NAME LAST

W. Frank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO LIF YES, GIVE WAR OR DATEST I YES. NO OR UNKNOWN)

085-16-6899 No

18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IG

Conditions, if ony, which gove rise to immediate

couse (a), stating the underlying cause last

21a ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

DUE TO OR AS A CONSEQUENCE OF

HOUR AM. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

Rose

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10

19

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOP

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO IT

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 21f LOCATION CITY OR TOWN

, and that in (my) 🚙 apinian death accurred on the date and have and from the causes stated 22c. DATE SIGNED

12h KIND OF BUSINESS OR

20782

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

50 mi

Own Home

1.651

Lackey

541.

INDUSTRY

22d PHYSIC

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an above (1) (we) (did not) view the bady after death

Mashe

22e ADDRESS

DEGREE

231 NAME OF CEMETERY OR CREMATORY

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

CERTIFICATION

Burial

23b DATE

216 TIME OF INTURY

P.M.

21e. PLACE OF INJURY

Gate of Heaven Cemetery Silver Spring Mont. Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Hyg

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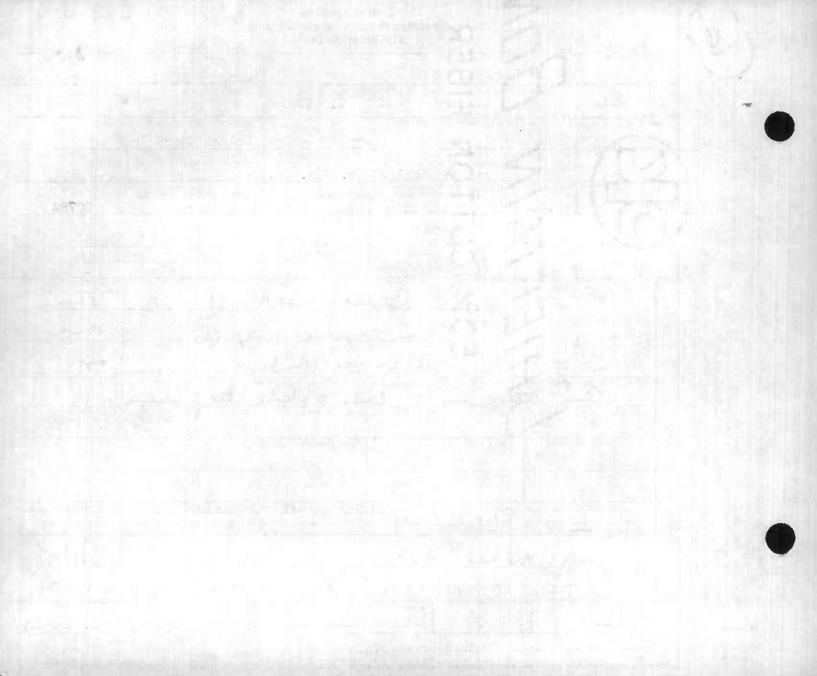
3/4/85

24 EUNERAL DIRECTOR Francis Gasch's Sons Funeral Home, P.A.

4739 Raltimore Avenue Hyattsville, Md. 20781

ATTENDING

widson-Randall



(VRA 15, 4)

two control of the co frel ce use. Leve Non Aunt Levin . I . - Mari Lettern Comments aftern Johnson 193. J. H. H. Haveller and M. C. Person (Coren Line 126) The state of the s

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH 76 HOUR TYPE OR PRINTS February 26, 1985 Miriam HILE 4:08P M Frances & AGE (IN YEARS LAST BIRTHDAY) 4 RACE DATE OF BIRTH IF UNDER 1 YEAR 81 Sept. 9, 1903 Female Caucasian In BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's Maryland USA WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Lanham Doctors' Hospital of Pr. Geo. Co. Supervisor Telephone Co. USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 12412 Shelter Lane Maryland Prince George Bowie NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Unknown Unknown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) HEYES GIVE WAR OR DATES 577-01-1590 Shirleyann Flaherty same as 13e no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic-PART I DEATH WAS CAUSED BY ipernationic and Dehyphotion day DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR GONDITION GIVEN IN PART TIG PART 2 OTHER SIGNIFICANT CONDITIONS 206. IF YES, WERE FINDINGS USED 1/1003 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOLX 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE I AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended, the deceased from saw the deceased alive on and that in (my) (our) apinian death occurred an the date and hour and from the causes stated abave, ((1) we) (did ((did nat) view the body after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 10300 Greenbelt Rd., Seabrook, Md. 20706 Don Yablonowitz M.D. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL STATE Arlington National Cem. Ft. Myer, Virginia Mar. 1 1985 Burial 250. DATE REC D. BY REGISTRAR 250. BEGISTRAR S.SIGNATURS 24 FUNERAL DIRECTOR 16000 Annapoles Road

DHMH - 16 60M 7/84 (VRA 15, 4)

should be deta

Beall Funeral Home

FOR

Bowie, Maryland

Semale Caucasian Sapt. 9, 1903 eryland Supervisor Telephone Co. aryland Prince George Dowle xx 12412 Shelter Lane 20715 Unicrown Unincoma 577-01-150 Mirleyana leherty cane as 13e

Furial Yar. 1 1905 Arlington ational Sem. It. Eyer, Virginia 1000 Innerplos Road
Feell Tunerel Lowe, Maryland

within 24 hours after

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certificate

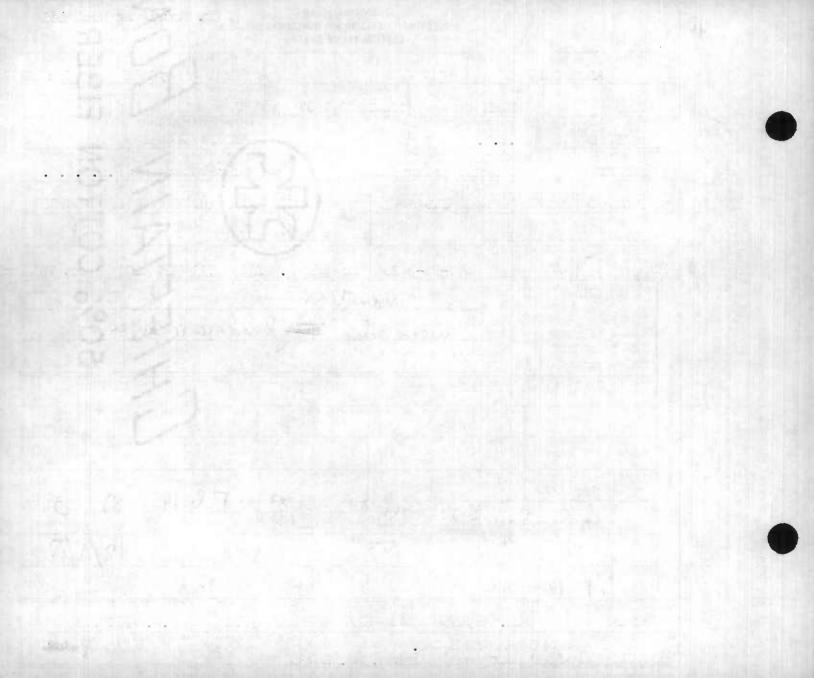
requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN The law retained by the hospital or attending physician.

DHMH - 16 60M (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician are should be detached for use as the burnal-transit permit. Then please remave carbon papers, Pape with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or remaval.

| 4 | FOR - STATE | DEPART | MENT OF I | TE OF MARYLAND HEALTH AND MENTAL HYG | GIENE & Dr. Ro | odriguez No | tifled | |
|---------------|---|---|--------------|--|----------------------------|--|----------------------------|--|
| | REGISTRAR | | CERTII | FICATE OF DEATH | REG. NO | o . | | |
| | CEASED NAME FIRST | MIDDLE | EAST | 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR | | | | |
| (1.07) | ALOYSIUS | HIL | L | | FEBRUARY 1 | 4, 1985 | 10:15R | |
| 3. SE | X | 4. RACE | | OF BIRTH | 6. AGE (IN YEARS LAST BIR | MONTHS DAY | | |
| 1 | MALE | WHITE | MARC | H 29,1907 | 77 | YRS | S HOURS MIN. | |
| | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | 8 | ED NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEATH | | |
| 1 | MARYLAND | U.S.A. | | ED XX DIVORCED | PRINCE GE | ORGES | MD | |
| 10 C | CLINTON | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 8305 Richardso | ADDRESS) | OR OTHER INSTITUTION | | on F working (IFE) The property of the prope | | |
| USO De. | AL RESIDENCE (IF NURSIN) OR | OTHER INSTITUTION GIVE RESIDENCE BEFORE | E ADMISSION) | | 13e STREET ADDRESS | | | |
| 14. E | ATHER'S NAME | MIDDLE LAST | | 15. MOTHER'S MAIDEN NA | ME MIDDLE | Feb. | LAST | |
| 4 | WILLIAM CHAPMAN | | | MARGARET | QUADE | A SECULIA | 1831 | |
| | WAS DECEASED EVER IN U.S. ARA | | IRITY NO. | 17 INFORMANT | ADDRE | SS | | |
| | N/A | 577-05-0 | 0435 | Francis L. H | Hill, 2711 F | Red Lion Pla | ace, Wald | |
| CERTIFICATION | Conditions, if ony, which gove rise to immediate cause to), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION | DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO I | DEATH BUT | DN WAS PERFORMED | 200 AUTOPSY? | DITION GIVEN IN PART 206 IF YES, WERE FINIS IN CERTIFYING CAUS YES | DINGS USED ES OF DEATH? | |
| | OR CONTRIBUTING CAUSE OF DEAT | HOUR A.M. MONTH DA | AY YEAR | 216 HOW INJURY OCCUR | KED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I OR PART ? | | |
| MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F | | 211 LOCATION STREET | CITY OR TO | WN COUNTY | STATE | |
| | 220 I certify the (1)-this hospin saw the deposed alive en- obove, (1) we did in and not 27b. SIGNATURE | | W. 884° | nd that in (my) our opinion DEGREE ATTENDING PHYSICIAN [| death occurred on the do | 22c. DA | | |
| 230. [| BURIAL, CREMATION, REMOVAL | 736. DATE Feb. 18,1985 CE | | | SUITLAND | P.G. MARYLA | AND STATE | |
| | UNERAL DIRECTOR LEE F | UNERAL HOME INC. | | 25a. DAT | B 2 2 1985 | 256. REGISTRAR'S SIGN | handele | |



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

THE COLD The first and the Control of the control 是是我们的多数的人的多数的人的变形。

| DECEASED NAME TRESTON TO NOT COMPANY TO NOT COMPAN | 5 | | 1 - | FOR STATE REGISTRAR | | | DEP |
|--|-------------------|--|--------|---|---|---|---|
| MARYLAND 18. CITY OR TOWN OF DEATH CHEVERLY PRINCE IT AGEN OF THE CONTROL OF DEATH CHEVERLY PRINCE IT AGEN OF THE CONTROL OF DEATH CHEVERLY PRINCE IT AGEN OF THE CONTROL OF DEATH CHEVERLY PRINCE IT AGEN OF THE CONTROL OF THE PRINCE OF THE CONTROL OF TH | | = 1 | | | | | |
| TO NO WAS DECEASED EVER IN U.S. ARMED FORCES? 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 167 WAS DECEASED EVER IN U.S. ARMED FORCES? 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 169 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 161 WAS USED OF THE PROPERTY OF T | ofter death | De morting of the control of the con | Ø. BIF | MALE STHPLACE (STATE OR FO OUNTRY) MARYLAND TY OR TOWN OF DEA CHEVERLY STRESSIDENCE (1F NURSI | TH 11 | BLA ITIZEN OF V USA NAME OF F | OSPITAL, NU |
| 270 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | within 24 | S Poor | MA | ARYLAND THER'S NAME | CHARI | | NEWE |
| 270 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | MORE, MA | S 0 | | (AS DECEASED EVER ES, NO OR UNKNOWN) | IN U.S. ARMED | FORCES? | 16b. SOCIAL |
| | TTEND Pritol o | for use as the buriol-transit permit. Then please remove of Health and Mental Hygiene prior to buriol, cremation 21 is marked or Item 18 shows any injury, or ather trour | | Conditions, if any, gove rise to immrause (a), statinunderlying couse PART 2 OTHER SIGN COUNTY OF THE SIGN COUNTY OF THE SIGN 21d. ACCIDENT WAS UND OR CONTRIBUTING COUNTY 21d. INJURY OCCURR WHILE NOT WHAT WORK 22d. Certify that (1) | Which sediote g the lost UIFIC ANT CONE ERLYING AUSE OF DEATH ALE EXAMINER) (Ithis hospital) of the lost in the lost | DUE TO, OF (b) S DUE TO, OF (c) DITIONS CO FAUL OF 19th CONDI 21b. TIME O HOUR AJ P.J. 21e. PLACE (1AT HOME, SIR 1b. body | RAS A CONS |

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE

| 1- | STATE REGISTRAR | | | NEI ARTH | CERTIF | ICATE OF | DEATH | OILITE | REG. N | 10. | | | |
|--|--|------------------------------------|-------------------|---|-----------------|-----------------|------------------------------------|-------------|------------------------|--------------|----------------------------------|-------------------|-----------|
| 1 DECEASED NAME (TYPE OR PRINT) FIRST | | | | ESTON | HILL | AST | | 20. DATE | OF DEATH | 02 1: | DAY YEAR | 26. HOUR 1:20A | M |
| 3. SE | MALE | 4 RAC | BLA | .CK | 5. DATE C | | 1933° | 6. AGE (| IN YEARS LAST B | RIHDAY) | MONINS DAYS | IF UNDER 24 HE | |
| 1 | RTHPLACE (STATE OF ECOUNTRY) MARYLAND | Ţ | IZEN OF V | WHAT COUNTRY? | WIDOWE | D NEVE | R MARRIED DIVORCED | | | OR COUNT | Y OF DEATH | TY , | MD. |
| | TY OR TOWN OF DEA | PR | THEE | GEORGES | GENER | | | | AL OCCUPATION FOR MOST | OF WORKING | IFE) INDUSTRY | OF BUSINESS C |)R |
| 13a. S | AL RESIDENCE (IF NURS | CHARL | | 13t. CITY OR TOWI | Ν | YES 🗌 | NOXX R'S MAIDEN NA | RT. | T ADDRESS | | | 54 | |
| | JOHN | WALT. | - | HILL | DITYNIO | | ARY | | MAGDE! | | SWZ | | |
| | VAS DECEASED EVER YES, NO OR UNKNOWN) | (IF YES, GIVE WAR O | | 214-32- | | | MARY H | ILL – | | | | | |
| | PART I. DEATH W | AS CAUSED BY: IMMEDIATE CAU | SE (0) | CONDIDUE CANDIOUE AS A CONSEQUE THEROSCELL | ASCULO NCBOF | | mest consci | las a | desea | se_ | BETWEEN | t que | H |
| | gove rise to imm cause (a), static underlying cause | pove rise to immediate | | | | | | | | tyeore | , = | | |
| MEDICAL CERTIFICATION | CHEMIC 196 DATE OF OPERA | Renal | Faila | TION FOR WHICH | | | | | JTOPSY? | 206. IF YE | ES, WERE FIND IFYING CAUSE (ES) | INGS USED | |
| | 21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDION OF THE WHILE NOT WELL OF THE WAS UNION OF THE | CAUSE OF DEATH CALEXAMINER) RED 21 | P.A e. PLACE (| M. MONTH DA | 19 | 211 LOCA STR | | RRED (ENTER | CITY OR T | | PART I OR PART ?) | STATE | |
| | 22a 1 certify that (I) | (this haspital) at | MINI | 19 | <u> </u> | | , 19 <u>8</u> ••) (aur) apinian | death occu | erred on the | date and ha | | | ost |
| | 224 PHYSICIAN N | AME ITHE CO FORM | all. | 4 | M | 22e ADDR | ATTENDING PHYSICIAN ESS | DIRECTO | | | 2 Z | SIGNED 1 | - |
| | SURIAL, CREMATION, | CAK REMOVAL 236 | DATE | 23¢ N | AME OF C | EMETERY O | 700 A | | PLACE | , CA | MP SPK | LINGS M | <u>'d</u> |
| | BURI JNERAL DIRECTOR | AL F | EB. 1 | 6,1985 | HOLY | GHOST | CH.CEM | [. | ISSUE | | CHARLES STRAR'S SIGNA | MD. | _ |
| 64 61 | JINEKAL DIKECTOR | | | | | | (30 DA | HE KEC D. B | LVERIDIKY | GILLOB KEGIS | DIKAKSSIGNA | TUKE | |

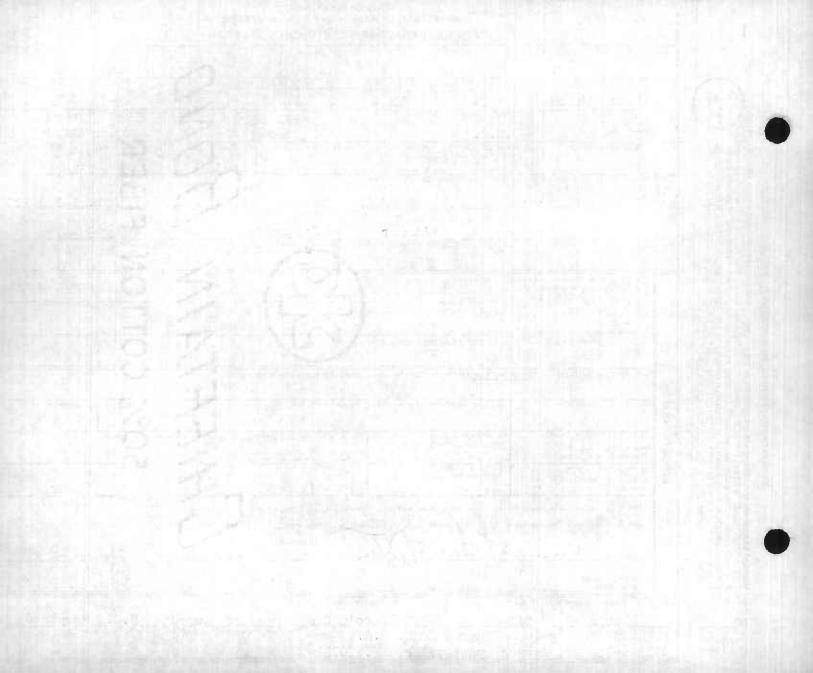
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

THORNTON'S FUNERAL HOME

POMONKEY, MD.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN X . DECEASED NAME (TYPE OR PRINT) ESTI-Angela DEATH MATED Nicholé Hockett 1085 4. RACE AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2c DATE 6:30 LAST BIRTHDAY) PRONOUNCED Female White 24 74 10 YRS 1985 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X U.S.A. Prince George's County, Maryland WIDOWED DIVORCED ID CITY OR TOWN OF DEATH , 2, AND 3 TO THE A 3. RETAIN PAGE 2 SHOULD BE FILED TAL RECORDS, 201 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION TYPE OF WORK Prince George's General Hospital Cheverly Student School JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland P.G. Bladensburg 3906 53rd Place Apt. 103 20710 18. GIVE PAGES 1, 2, WITH FORM PM 3. IT. PAGES 1 AND 2 S. DIVISION OF WITH 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST Roy Whitaker Jacqueline Darlene Mayhew 166 SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 1 Box 304 (Grandmother) IYES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Emma Mavhew None Rice, Virginia 23966 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PERMIT. BETWEEN ONSET AND DEATH CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM I FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG Y OR PAGE 3 SHOULD BE USED AS A BURIAL - PRANSIT PERMIT HE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE. PART I DEATH WAS CAUSED BY Cranio-cerebral Injury DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 🗆 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR XXXXAONTH DAY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 5: 30P.M. pedestrian struck by auto 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED TO MEDICAL EXAMNER: THIS CER EXECUTE THE CEPTIFICATE, WRITIN PAGE A SHOUND BE PORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFJER DEATH, WITHA'HE STATE DE BALTIMORE, MARYLAND, 21204. STREET, FACTORY, FARM, ETC.) WHILE AT WORK road 5100 blk. of Rt. 450, Bladensburg, Prince George's Co., Md. Autopsy X 270. I certify that I took charge of the remain described above, held on Inspection Notural causes Suride Homicide ___ Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 2-2-85 EXAMINER'S NAME Dennis F. Smyth M.D. 111 Penn St., Balto., Md. (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Fort Lincoln Cemetery P.G. 2/5/85 Buria1 Brentwood 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (5))



- STATE

TYPE OR PRINTS

3. SEX

CERTIFICATION

(SPECIFY)

REGISTRAR

Female TO BIRTHPLACE (STATE OR FOREIGN

18. CITY OR TOWN OF DEATH

Hyattsville

Louis

21d INJURY OCCURRED

NOT WHILE

Burial

Maryland Maryland

4 FATHER'S NAME

Washington D.C.

CORA

160 WAS DECEASED EVER IN U.S. ARMED FORCES

. DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO 26 DATE OF DEATH June 20, 1893 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's County WIDOWEDAT DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY 2109 Queens Chapel Road Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 1136 COUNTY 1137 CITY OF TOWARD 13e STREET ADDRESS / ZIP CODE 2109 Queens Chapel Road 20782 13d INSIDE CITY LIMITS? Hyattsville YES X 15. MOTHER'S MAIDEN NAME MIDDLE Bottomley Kate Ruppel ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT Irma M. Mills (Daughter) Same as 13e

200 AUTOPSY?

NON

577-54-4441 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if any, which couse (a), stating the couse TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

BELLE

White

U.S.A.

4 RACE

P.G.

MIDDLE

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC |

211 LOCATION

CITY OR TOWN

COUNTY STATE

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22a.1 certify that (1) (three-based) attended the deceased from. saw the deceased alive on_ , and that in (my) (and apinion death accurred on the date and have and Iram the causes stated view the body offer death. DE GREE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

3415 Hamilton St. Hyattsville, Md. 20782

John T. Brennan, Jr. M.D. 236. BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION

Suitland []

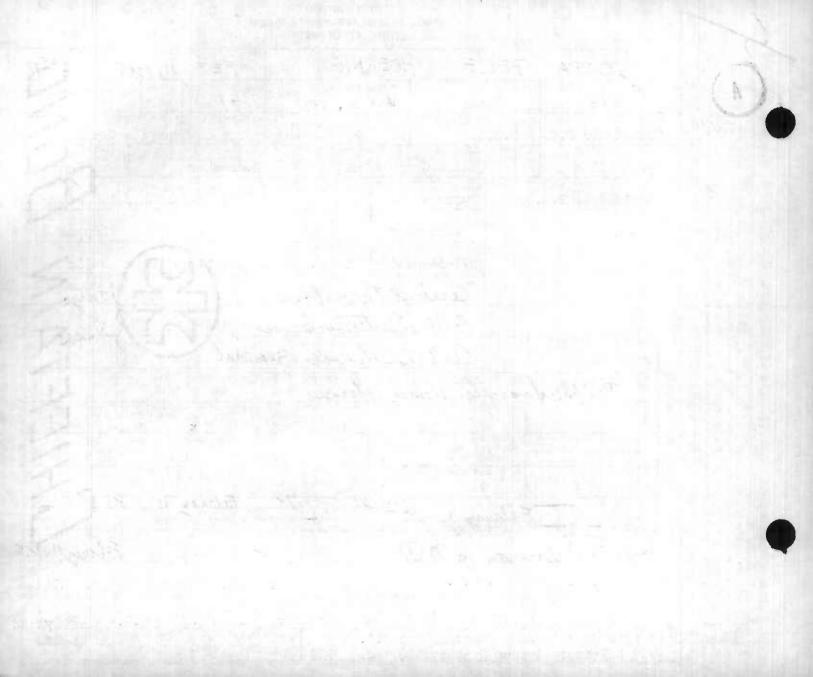
2/15/85 Cedar Hill Cemetery 74 Francis Gasch's Sons Funeral Home P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MEDICAL

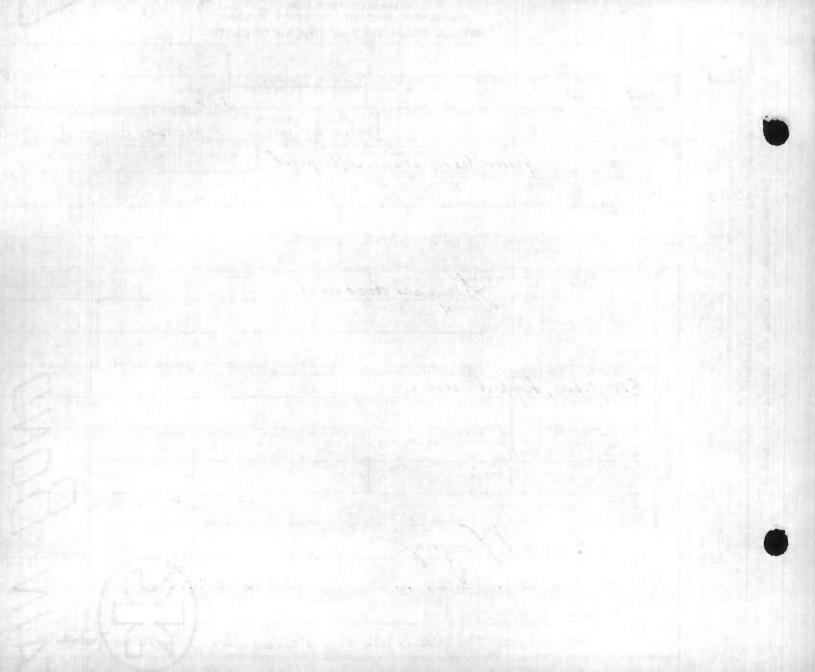
Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) **OF** ESTI-DEATH MATED OTTS HOLSEY DAY 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. YEAR 2d HOUR SEX 5 DATE OF BIRTH IF UNDER 24 HRS DATE DAY YEAR LAST BIRTHDAY 1985 PRONOUNCED Male **Black** 10 27 10 57 **MALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED Pr. Geo. County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17g. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Cheverly JSUAL RESIDENCE HE IN NUR HER HISTITUTION, GIVE BELIEVING BEFORE ADMISSION THE COUNTY LE CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE D.C. Washington NO C 948 Easton Ave. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS PAGES 1 USED AS A BURIAL - TRANSIT PERMIT, PAGES OF HEALTH AND MENTAL HYGIENE, DIVISION RIAL, CREMATION, OR REMOVAL. (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES) Unkn. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH lequeres desorded PART I DEATH WAS CAUSED BY: DUPTO, OR AS CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION ATE. WRITING THE WORLD THE ORWARDED TO THE CHIEF MAN PR. PAGE 3 SHOULD BE USED A HE STATE DEPARTMENT OF HEA ON 21201 PRIOR TO BURIAL C 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO A YES 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (AT HOME 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, FTC.1 STREET CITY OR TOWN STATE COUNTY WHILE AT WORK AT WORK PAGE 4 SHOUID BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALLIMORE, MARYLAND, 21201 228 I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted from: Natural causes Homicide Undetermined manner TITLE (SPECIFY) 2/19/1985 Deputy MEDICAL EXAMINER EXAMINER'S NAME ! Augusto P. Rodryguez, M.D. 5009 Rayburn Ct., Temple Hills, Md 20748 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Removal 2/21/85 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NAME Anatomy Board ADDRESS Balto., Md. (VR A15 ME (5))

20M 4/B2



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN X MONTH 26 HOUR LTYPE OR PRINT) OF NECESSARY, PLEASE UNERAL DIRECTOR 5 FOR YOUR FILES WITHIN 72 HOUR Lee DEATH MATED Hottle 2/27/ 1985 Shawn PRESTON STREE 4. RACE IF UNDER 1 YR. 3 SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS YEAR HOUR DATE MONTH LAST BIRTHDAY RONOUNCED Male White Nov.23,1984 N/A DEAD 27/1985 YRS 7g BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED DIVORCED Prince George's County 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED, V 10 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY OT IN SUCH EACHETY, GIVE STREET ADDRESS. N/A N/A Prince George's General Hospital Cheverly USUAL RESIDENCE 13a. STATE COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4113 54th. Place 20710 P.G. Bladensburg YES X NO [Maryland 18. GIVE PAGES 1, 2, A WITH FORM PM 3. R AIT. PAGES 1 AND 2 SH E, DIVISION OF VITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Hottle Cochran Sandra 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 4214 56th. Ave. IYES, NO. OR UNKNOWN! LIFYES GIVE WAR OR DATES Mr. Gary L. Cochran Bladensburg, Md. 20710 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED AS 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? NT OF HE BURIAL, 20 AUTOPSY? YES X NO [3 SHOULD BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR; PAGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220. I certify that I took charge of the remains described above, held an Autopsy Natura/causes V death resulted from: Undetermined manner Accident Homicide TITLE (SPECIFY) ACTUAL DATE 2/28/85 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St. Baltimore, Maryland Gregory R. Kauffman, M.D. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY March2,1985 Ft. Lincoln Cemetery Rurial Maryland Brentwood P.G. 07/84 BP 2500 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** F. Gasch's Sons F.H. P.A. Hyattsville, Md. (VR A15 ME (5))

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500 UNIV BLVD W. SILVER SPRING MD. 20901

FOR

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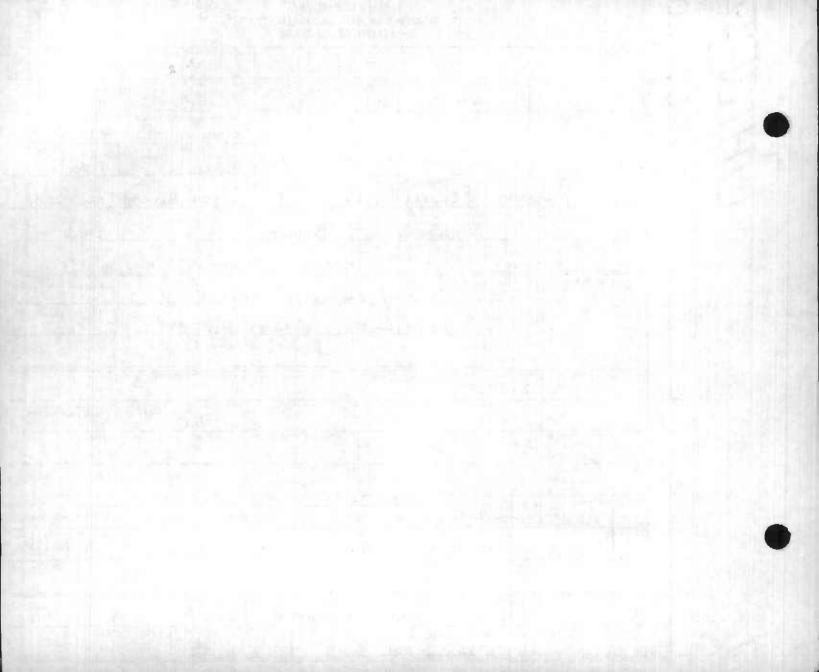
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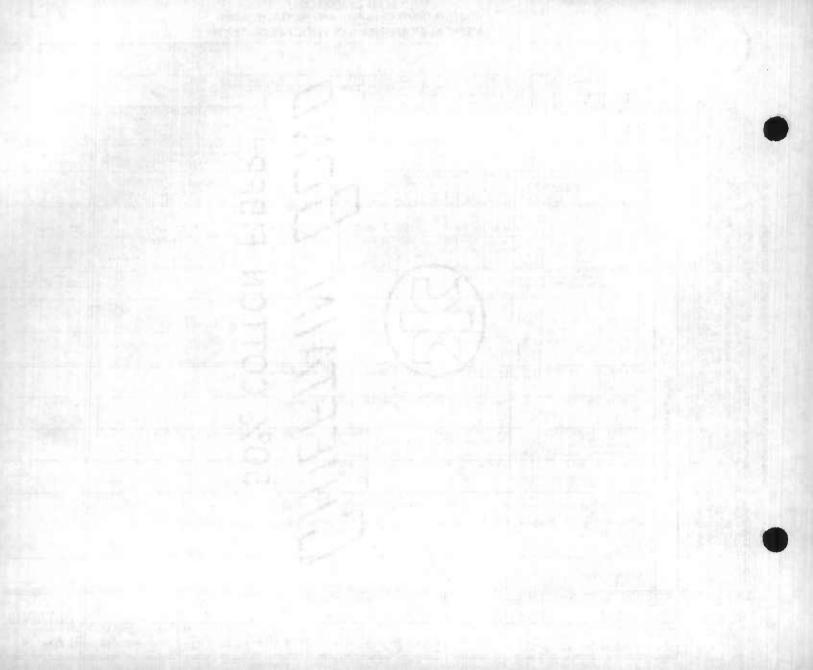
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

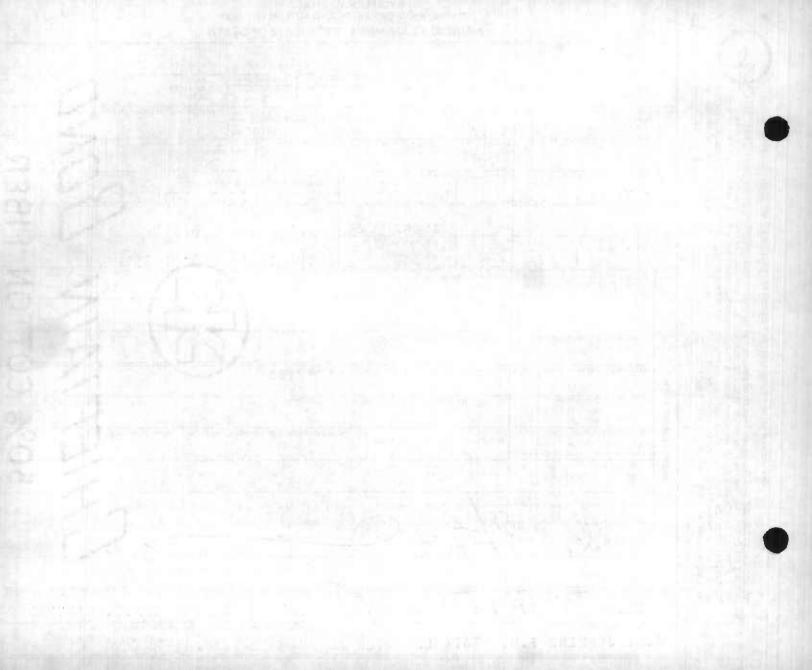
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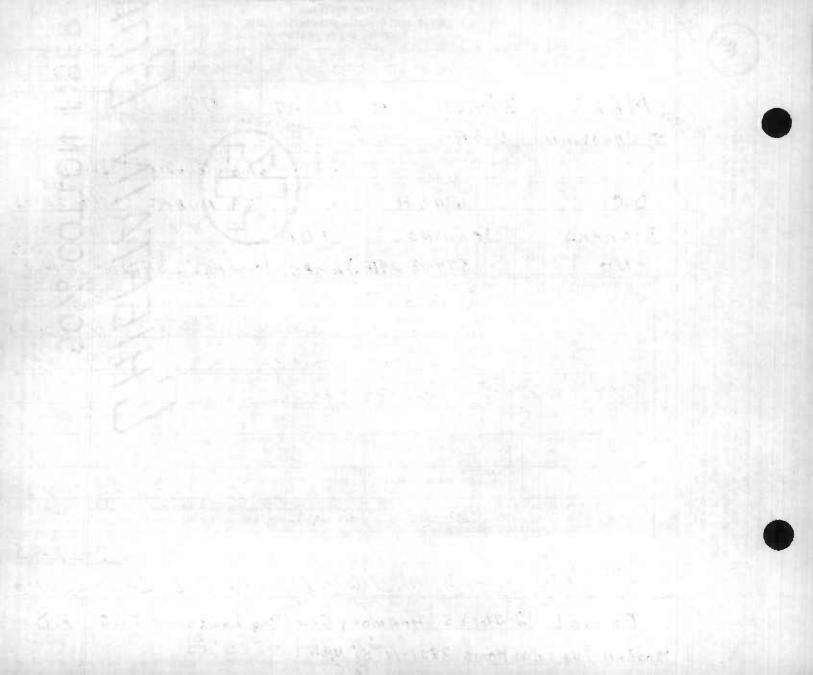
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| | | ALE | BLACK | 10th 1DAY | YE 28.3 | LAST BIRTHDAY) | MONTHS | DAYS | | | DATE | mort | . 7 | | 4:2 a. |
| 1 | 3 04 | RTHPLACE (ST | 475.00 | 76 CITIZEN OF WHA | AT COULT | YRS. | | | | 0.0 | DEAD ALTIMORE CI | TYORCO | 2-/ | 1985 | a. / |
| n | FOI | REIGN COUNTRY) | | | COUNTI | | | | ER MARRIE | D LX | | _ | | DEATH | |
| | | TY OR TOWN | | U.S.A | TAI NUIDE | | VIDOWE | | DIVORCE | | Prince OCCUPATION | George | e's (| County | |
| 1 | | | | (IF NOT IN SUCH FACE | LITY, GIVE STRE | EET ADDRESS) | | | ION | FOR MOST | OF WORKING LIFE | | PRK 1120 F | OR INDUSTI | RY |
| / | | Suitlan | | 4692 OR OTHER INSTITUTION, GIVE | Home | r Ave. | , Apt | . C | | N | ONE | | | NON | E |
| 1 | 13a S1 | | 136 COUN | ITY | Tac. CITY C | DRITOWN | | 3d. INSIDE CIT | Y LIMITS? | Tae STREET | | 6 | 20 | 784 | |
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| 1 | 14. FA | THER'S NAME | | MIDDLE | LA | ST | Ī | 5. MOTHER | R'S MAIDEN | NAME | MIDDLE | | | LAST | |
| \angle | | AM | | | | GRAM | SR | | LENE | | KATH | | BL | OUNT | |
| | 16a V | VAS DECEASED ES, NO, OR UNKNO | EVER IN U.S. AR | MED FORCES? WAR OR DATES) | 166. SOCI | AL SECURITY N | | 7. INFORM | | | | ŖĒSS | | | |
| | _ N | 10 | N/ | A | N O | ONE | | RUTH | DOU | GLASS | 3103 | 75TI | | | |
| | | 18 CAUSE O | F DEATH (Enter on ATH WAS CAUSE | ly one cause per line f | | | | | | | 100 | | BE | APPROXIMATI | INTERVAL |
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| | | | | (c) | | | | | | | | 3-6-1-3 | | | |
| | 7 | PART 2 OTHER SIG | SNIFICANT CONDITIONS | CONTRIBUTING TO GEATH BU | IT NOT RELATE | O TO THE TERMINA | L OISEASE O | R CONDITION | GIVEN IN PART | 1 103. | | | | | |
| _ | TIO | 19a DATE OF | OREDATION | Ties constru | 0.1500.11 | UICH OREDAY | 10111111 | | 1500 | 10 11 1 | | | | | |
| 9 | ICA | 170 DATE OF | OPERATION | 198 CONDITI | ON FOR W | HICH OPERAT | ION WA | SPERFORM | MED? | | | | 20 | AUTOPSY' | |
| | CERTIFICATION | 21a EXTERNA | I CALISE WAS | 21b. TIME OF I | NILIDA | | 214 HOV | A/ IN HIDY | OCCURRED | - FAITED NI - TO | RE OF INJURY IN IT | 14 0 1 0 7 | D 0 4 D 7 O . | YES 🗌 | КХОИ |
| 2 | 1 CE | UNDERLYING | L CAUSE WAS | HOUR A.M. | MONTH [| | | | | | | | | | |
| / | MEDICAL | CONTRIBUTING | VG CAUSE OF | DEATH 2:30xx | | 19 85 | suk | | recov | vered | from h | ouse : | tire | | |
| 2 | ME | WHILE | NOT WHILE | STREET, FACTO | RY, FARM, ETC | | STR | EET | 241 | | TY OR TOWN | - | COUNTY | - | STATE |
| | | AT WORK | ATWORK | H | ome_ | | 469 | 12 Hor | mer Av | | pt.C,S | | | | 4.2 |
| 1 | | 22s. Learning | y that I took chare | ge of the remains less: | ibed above | e, held on | Autopsy | □. | Inspection | [X]. I | nquiry . | Georg | y apinian | .0., 1 | Md. |
| 6 | 2 | death results | rafram Natu | ral causas 163 | dent X | X | | Homici | de . | Undetermi | ned manner | | | | |
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| | 230.BU | BURIA | ION, REMOVAL | 2/13/85 | | ARMONY | | | | 23d LOCA CITY OR IC | NDOVE | D D 6 | COUNTY | ADVIST | ATE |
| | | JNERAL DIREC | | | 111 | THORT | 115 | | | | GISTRAR 256, | | | | AND |
| | | blasse | ENKINS | F H ADDRESS | 74 1 / | ANDOVE | R RI | | FFR . | 1 4 19 | 6 | TO STRAK | 301 | andalle | |
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James F. Scarpelli, Cumberland, MD 21502

(VRA 15, 4)



| | FOR STATE REGISTRAR DECEASED NAME PRINT PEOR PRINT | MIDDIE | CERTIFICATE OF DEATH | REG. NO. 70. DATE OF DEATH MONTH DAT | YEAR 26 HOUR | | |
|----------------------|---|---|--|---|---|--|--|
| | Clayot | is Juanita | JOHNSON | February 10,19 | 85 4:55A | | |
| 3 | Female | Black | Dec. 2, 1928 | 6 AGE (IN YEARS LAST BIRTHDAY) IF LENGTH | INDER I YEAR IF UNDER 24 HR | | |
| 4 10 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wash. D.C. | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | | DEATH | | |
| 10 | CITY OR TOWN OF DEATH Lanham | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A DOCTOR'S HO | | | 12b. KIND OF BUSINESS OF | | |
| 13 US | SUAL RESIDENCE (IF NURSING HOME OF STATE Md. 136 COU | ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY RIVERGE RIVERGE | | 53 134 STREET ADDRESS / ZIP CODE DE STREET ADDRESS / ZIP CODE | 20737 | | |
| (20 1ª | FATHER'S NAME FIRST Lawrence | Hebron LAST | 15 MOTHER'S MAIDER | a E. Johnson | I AST | | |
| o ledical | WAS DECEASED EVER IN U.S. A | RMED FORCES? 166. SOCIAL SECUI VE WAR OR DATES) 217-30-05 | | ron (Sister) Washing | St., S.B. gton, D.C. | | |
| ewent, the | PART I DEATH WAS CAUS | nly one couse per line for 101, (b), and ED BY: TE CAUSE (o) CARDII | PULMONA | RY ARREST | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| oumatic | Conditions, if any, which | DUE TO, OR AS A CONSEQUE | NARY EDEM | nA · | | | |
| r ather tr | gove rise to immediate couse (a), stating the underlying couse lost | DUE TO, OR AS A CONSEQUE | NCE OF | | | | |
| S show any injury, a | | CONDITIONS CONTRIBUTING TO D | PEATH BUT NOT RELATED TO THE | TERMINAL DISEASE OR CONDITION GIVEN | IN PART 110 | | |
| à a | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | VERE FINDINGS USED | | |

FUNERAL DIRECTOR. ould be detached the State Dept MPORTANT BP

PHYSICIAN. The

DHMH - 16 60M 7/84 (VRA 15, 4)

ASHOTTAR 23a. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)

22a 1 certify that (1) (this hospital) attended the deceased from

MEDICAL

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceosed alive on _ obove, (1) (we) (did) (did not)

21d INJURY OCCURRED

22d PHYSICIAN'S NAME

George R. Snowden

226 SIGNATURE

23c NAME OF CEMETERY OR CREMATORY

ATTENDING. PHYSICIAN

BLADENSBURY 23d. LOCATION

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

2-16-85 Burial St. Paul Cemetery 24 FUNERAL DIRECTOR

P.M

21e PLACE OF INJURY

(AT HOME STREET FACTORY, OFFICE FARM, ETC.)

MONTH DAY YEAR

HOUR A.M.

Sugarland, Montg., Md.

COUNTY

22c DATE SIGNED

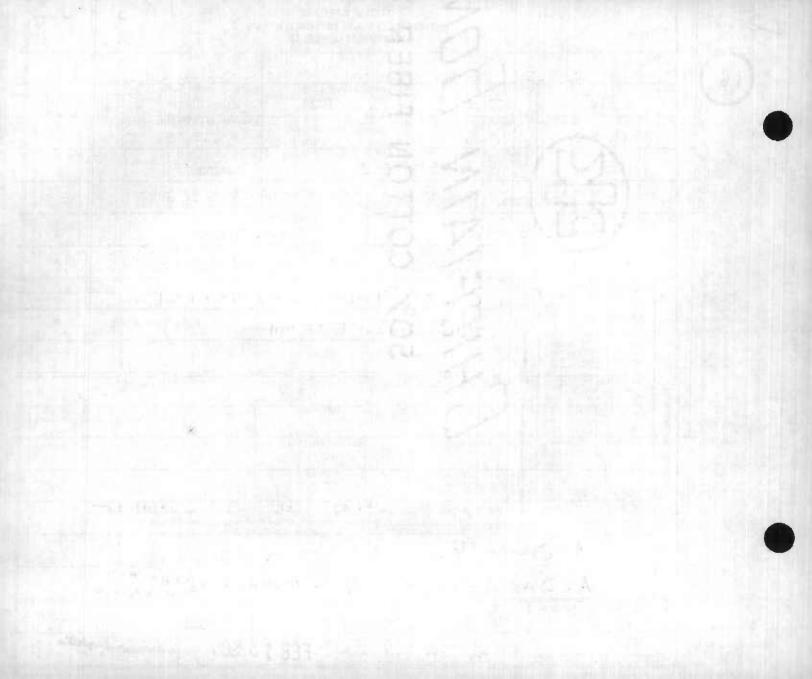
STATE

Rockville, Md. 20850

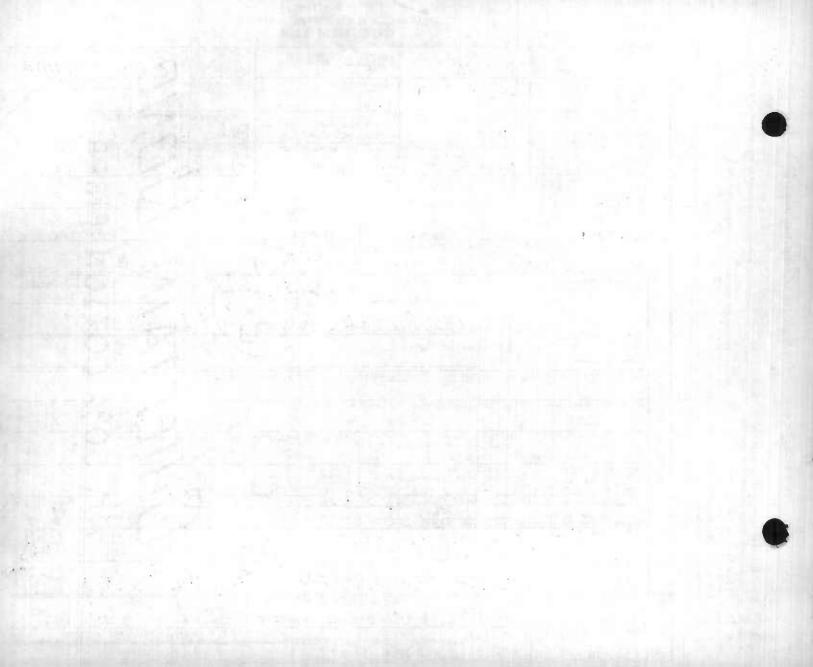
211 LOCATION

DEGREE

MB



| 0 | 1 - STATE | | TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | GIENE 🖔 🝮 | 0 6 0 0 3 |
|---|---|---|--|--|--|
| B | REGISTRAR DONAL | d V. Johnson | Tolimply | REG. NO. | NOT TEAM 26 HOUR |
| ge 4 may on other o | male male | INDIAN O | ARRIL 3 1896 | & AGE IN YEARS AST BIRTHDA | 10- |
| 4000 4000 | TO BIRTHPLACE STATE OF FOREGON COUNTRY) | N CITIZEN OF WHAT COUNTR | WIDOWED DIVORCED | PRINCE GEOR | GES Cty - |
| 11/4 | CHEVERY | PRINCE GEORGES | GEN, HOSPITAL | Chauffer | |
| 35 | MARUIANO PE | | ONE ADMISSION 134 INSIDE CITY LIMITS? YES NO K | 15837 Millb | Rech Ph 715 |
| 1/60 | Johnhanry | Johns Charles | MAYOU | MODIE ADDRESS | Aemstero |
| and out | NO N | A HO-10-81 | 0 1 0 1 | 200000000000000000000000000000000000000 | AS 13 E. |
| that the death cert d by the attending leate remove corbo not grenation, as re or other transmetic e | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. | DUE TO: OR AS A CONSECUENT | | der lans | u n |
| he tow requires an has been signe permit. Then p ene prior to but ows day injury. | PART 2. OTHER SIGNIFICAN 196. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | | O DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED | 29s AUTOPSY? 29 | ID. GIVEN IN PART Hall B. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TO NO TO |
| THYSICIAN: Therading physician in this certificate the busined transit and American | 21s. ACCIDENT WAS UNDERSTOND OR CONTRIBUTIONS CAUSE OF I IF ETHER, NOTHY MEDICAL EXAMINATION 21st. PUJURY OCCURRED AT WICHE CAUSE CAUSE AT WICHE AT WICHE | HOUR A.M. MONTH | DAY YEAR 19 211 LOCATION | RED (ENTER NATURE OF INJUSY IN CITY OF JOAN | TEM 18, PART 1 OR PART 2) COUNTY STATE |
| FITAL OR ATTENDING by the hospital or or ERAL DIRECTOR, after or detection for use or Store Dept. of Health. | 27s.1 certify that (II (this bot saw the decodered alive above, (II (see fidial) (did 27th SIGNATURE) | potati attendent stender op from an | ond that in (my) (our) opinion DECHEE ATTENDING PHYSICIAD | death occurred on the date | ond hour and from the causes stored |
| TO HOS thought with the | MARTIN DI | NEUTZ 15 | NAME OF CEMETERY OR CREMATORY | TE QUUE | GULLMULH N |
| BP | NA FUNERAL DIRECTOR FLECK | | WOOD NWN CEMETER | E REC D. BY REGISTRAR 756 | NEN YORK |



- STATE

3. SEX

CERTIFICATION

I. DECEASED NAME

Female

Virginia

To BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

REGISTRAR

IDA

4 RACE

Caucasian

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH MIDDLE **JOHNSON** 5. DATE OF BIRTH 6 AGE | IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS October 11. 1902 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED PRINCE GEORGES COUNTY WIDOWXWXXX DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SOUTHERN MARYLAND HOSPITAL 12b. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker Home 13e STREET ADDRESS / ZIP CODE 8009 Colonial Lane (20735) 15. MOTHER'S MAIDEN NAME Florence Mabel Lee 17 INFORMANT Echolene M. Lagana, Same As #13 A-E BRUGTION 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO

CLINTON MD USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 130 STATE Prince George's Clinton Maryland Morgan Benson Lee 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 579-28-6888 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic. PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER PA 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 220.1 certify that (1) (Nins has tal) attended the deceased from saw the deceased alive on_ and that in (my) to an application death occurred on the date and have and from the causes stated obove, (1) (me) (did) (did not) view the body after death DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 2 PHYSICIAN'S NAME (TYPE OR PRINT)

23c NAME OF CEMETERY OR CREMATORY

February 15, 1985 Fort Lincoln Cemetery

DHMH - 16 50M 4/B3

should be deto

WPORTANT:

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 663B Old Alexander Ferry Road, Clinton, Maryland

230 BURIAL CREMATION, REMOVAL

Burial

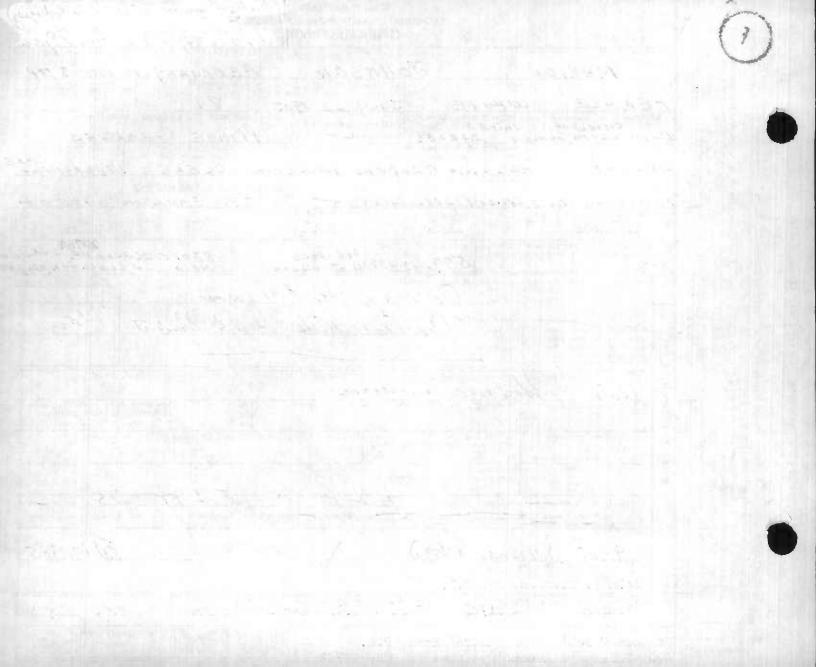
250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNA

Brentwood,

COUNTY

and the state of t 2028 The Control of t CANTERCULEIT LANTE - PHILADELLAND B 11-3 AND JUST BOND BOILD BOND STATE BOOK SET

| | ECEASED NAME | ERST | MIDDLE | LA: | 51 | 20 DATE OF DEATH | MONTH DAY | YEAR 2 | h HOUR |
|---------------|---|--|---|------------------|---|---|--------------------------------------|-------------------------|---|
| 0 | MA. | RION | _ | JOHN | SON | FEBRUA. | KY 17 | 1985 | 3:50 P |
| 3. S | | 4. RACE | | 5. DATE OF | | 6. AGE (IN YEARS LAST BIR | (HDAY) IF U | | FUNDER 24 HRS |
| 11 | EMALE | | HITE | J44 | | 81 | YRS. | 4 | |
| . 4 | BIRTHPLACE (STATEOR COUNTRY) DISTRE | LOE UN | TEN OF WHAT COUNT I'FE O S+A+E | MARRIED | NEVER MARRIED DIVORCED | | GEOK | | |
| 10. | CITY OR TOWN OF DE | ATH II. NA | ME OF HOSPITAL, NUI | RSING HOME OF | | 12a USUAL OCCUPAT | ON I | | BUSINESS OF |
| | AKKAM | MA | CHOLIA G | PROEN | · NURSING A | AE CLER | | 7 | +MEN+ |
| 130 N | UAL RESIDENCE (# NUR STATE 1ARYLAND | 13 COUNTY | SEPTUTION, GIVE RESIDENCE BY 134 CITY OR TO | NS BURE | 13d INSIDE CITY LIMITS? YES NO [| 13. STREET ADDRESS | | SFR | POTA |
| 014 | FATHER'S NAME Theodore | WIDDIE | Allan | | IS. MOTHER'S MAIDEN N Nita | AME | | Elli | s |
| 1 160 | WAS DECEASED EVER LIES NO OR UNKNOWN) | R IN U.S. ARMED FO | DATES) | | IT INFORMANT HEOPOLE D JOHNSON | | OCE +A | 2078 10 L PE | |
| | TIE CAUSE OF DEA | TH (Enter only one c | ouse per line for (a), (b) | | - FORNSIN |) ~ | | APPROXIM. BETWEEN ON | ATE INTERVAL |
| | PART I. DEATH V | WAS CAUSED BY: IMMEDIATE CAUS | 1 | roman | Heart 6 | serre | | 1/ | |
| | | | E TO, OR AS A CONSE | . 11 | 200 1A-A | 1 ,01 | 0 1 | 1/1 | , |
| | Conditions, if any | | (b) /// | Heles! | Mellely | Joseph Voll | frit | 12 | 3 |
| | gove rise to im couse (o), stati | | E TO, OR AS A CONSE | QUENCE OF | P | | | | |
| | underlying cous | e lost. | 10 | | | | | | |
| | | NIFE ANT CONDIT | ONS CONTRIBUTING | TO DEATH BUT N | OT RELATED TO THE TES | MINAL DISEASE OR CON | DITION GIVEN | IN PART Tro | |
| O N | Marti | Loffer | engal in | wher | ne- | | | | |
| CERTIFICATION | THE DATE OF OPERA | TION 196 | CONSTITUTE FOR WH | HICH OPERATION | WAS PERFORMED | 78s. AUTOPSY7 | 20% IF YES, W IN CERTIFYIN YES | | |
| | 21a. ACCIDENT WAS UN | CAUSE OF DEATH | TIME OF INJURY OUR A.M. MONTH | DAY YEAR | 21c HOW INJURY OCCU | RRED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I | OR PART 2} | 6.44 |
| 400 | OR CONTRIBUTING | ICAL EXAMINER | P.M. | | | | | | |
| 100 | (IF ETTHER, NOTIFY MED | | PLACE OF INJURY | | 211 LOCATION | | | COLUMN | |
| MEDICAL CER | (IF ETTHER, NOTIFY MED 21d INJURY OCCUR | TA) | | | 211 LOCATION STREET | CITY OR TO | wn | COUNTY | STATE |
| F /67 | (IF ETTHER, NOTIFY MED 21d INJURY OCCUP WHILE NOT W AT WORK | VHINE ORK | PLACE OF INJURY | ECE, EARM, ETC.) | | CITY OR TO | wn | COUNTY PS , th | STATE |
| /57 | 21d INJURY OCCUP WHILE NOT WAT WORK 22a.1 certify that (I | ORK [AT | PLACE OF INJURY HOME, STREET, EACTORY, OFF ended the deceased fro | om | STREET . 1955 | to Teld In death accurred on the d | 7 194 | P3 th | at (1) (mo) l c |
| /67 | 21d INJURY OCCUP WHILE NOT WAT WORK 22a.1 certify that (I | VHINE ORK | PLACE OF INJURY HOME, STREET, EACTORY, OFF ended the deceased fro | om | I that in (my) town opinio | n deoth occurred on the d | 7 . 192 ote and hour on | P3 th | at (I) (we) l a ouses stated |
| /57 | THE ETHER, NOTWY MED 21d INJURY OCCUP WHILE NOTW AT WORK 22a.1 certify that (I saw the decea above, (I) | ORK [AT | PLACE OF INJURY HOME, STREET, EACTORY, OFF ended the deceased fro | om | that in (my) tooy) opinio | 10 Eet | , 194 ote and hour an | 25, the | at (I) (we) for |
| /67 | THE ETHER, NOTWY MED 21d INJURY OCCUP WHILE NOTW AT WORK 22a.1 certify that (I saw the decea above, (I) | II (this hospitally offersed olive on the click) data from wow to | PLACE OF INJURY HOME, STREET, EACTORY, OFF ended the deceased fro | om | I that in (my) took opinion | n deoth occurred on the d | , 194 ote and hour an | 25, the | at (I) (we) for |
| 100 | 21d INJURY OCCUR WHITE NOTW ALW AT WORK AND ALW 22d I certify that (I saw the decea above (I) | II (this hospitally offersed olive on the click) data from wow to | PLACE OF INJURY HOME, STREET, EACTORY, OFF ended the deceased fro he body after death. | om | I that in (my) toom opinion EGREE ATTENDING PHYSICIAN | n deoth occurred on the d | , 194 ote and hour an | 25, the | at (I) (wo) l a |
| MEDICAL | 21d INJURY OCCUR WHITE NOTW ALW AT WORK AND ALW 22d I certify that (I saw the decea above (I) | II (the hospital) offersed off | PLACE OF INJURY HOME, SIREET EACTORY, OFF ended the deceased from the body after death. Jr. M.D. DATE | OM Jones | I that in (my) toom opinion EGREE ATTENDING PHYSICIAN | n deoth occurred on the d MEDICAL STA DIRECTOR PHYSIC | ote ond hour on | 23 th d from the co | at (I) (wo) l a |



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN AT (TYPE OR PRINT) OF ESTI-ANN JONES I. 4 RACE AGE (IN YEARS IF UNDER TYR. SEX 5 DATE OF BIRTH IF UNDER 24 HRS 2d HOUR В:56p DATE AST BIRTHDAY Female PRONOUNCED 1.85 23 1895 Caucasian Oct. 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Prince George's DIVORCED IB. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 128. KIND OF BUSINESS IT NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Matron - Retired Clinton Hospital Southern Maryland Hospital Center USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 20748 3340 Huntley Square #B-3 Temple Hills 13d INSIDE CITY LIMITS? Prince George Maryland YES X NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jack Edith Saunders Griffiths 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17. INFORMANT 3340 Huntley Square #B-3 (YES NO OR UNKNOWN) 209-18-9131 No Robert Jones Temple Hills, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY Hip fracture with complications MAMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 2/13/1985 fractured hip YES [] NO Y 210, EXTERNAL CAUSE WAS 716 TIME OF IN ILIRY 21c HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR slipped and fell in kitchen ? xexx 2 10 19 85 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK funtley Sy. Pruse B. 3 Jenusle 18 home 220. I certify that I took charge of the remains described above, held an Autopsy Accident X death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE SIGNED 2/26/1985 Deputy MEDICAL EXAMINER EXAMINER'S NAMAUGUSTO P. Rodriguez, M. ADDRESS 5009 Rayburn Ct., Temple Hills, Md 230 BURIAL, CREMATION, REMOVAL 236 DATE 3/2/85 Burial Hickory Grove Cemetery Waverly Lackawanna Penn. 07/84 25M 74 FUNERAL DIRECTOR 6160 Oxon Hill Rd. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 George P. Kalas Funeral Home Oxon Hill. Md.M. (VR A15 ME (5))

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Season and interest of the Control o

| 8 | (F | | 1 - | FOR STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH | | 06007 |
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| | oy be age 3 death | | | CEASED NAME FIRST OR PRINT! Arthur | Denwood | Jones | 20. DATE OF DEATH MONTH | DAY YEAR 26. HOUR AM |
| | 4 may tar, pag ofter de | | 3. SE | Male | Caucasian | 5. DATE OF BIRTH MONTH DAY YEAR | | IF UNDER 1 YEAR IF UNDER 27 HRS. MONTH'S DAYS HOURS MIN. |
| | Poge of direct | 976 | 70. BI | RTHPLACE (STATE OR FOREIGN OUNTRY) | 76. CITIZEN OF WHAT COUNTRY | | 9. BALTIMORE CITY OR COU | |
| | funeral funeral funeral | 200 | M | arvland TY OR TOWN OF DEATH | U.S.A. | WIDOWERS DIVORCED NG HOME OR OTHER INSTITUTION | D Prince Geoi | 126. KIND OF BUSINESS OR |
| 201 | by the | 86 | | linton | Southern Md. | | ter Game Warder | INDUSTRY |
| ND 21 | 24 hour | 235 | 130. 5 | TATE 13b. COU | | VN 136 INSIDE CITY LIMI | | co Rd. 20608 |
| ARYLA | s within pletely and 2 sh | Offine | - | THER'S NAME FIRST | MIDDLE LAST | 15. MOTHER'S MAIDE | N NAME MIDDLE | LAST |
| ORE, M | executed and com | edicole | 160 V | | IVE WAR OR DATES) | URITY NO. 17. INFORMANT | Rebecca Nephew ADDRESS 1' | |
| BALTIM | ote be spers. Po | t, the m | N | 18 CAUSE OF DEATH (Enter o | 217_36 | dick T Di | C. Watson, Bran | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| N ST., | certific ling phy orbon po | tic even | | PART I. DEATH WAS CAUS | ATE CAUSE (o) | CU T DYFST | DINK | |
| RESTO | e death nave co | fraumo | | Conditions, if any, which gave rise to immediate | DUE TO, OR AS | 20 SCLL-PLOT | nc DISGAS | 4 |
| W. P | that the d by the ease rei | or other | | couse (a), stating the underlying couse lost. | (tc) / (C | | JEZ DISEAS | |
| RDS, 20 | equires n signed Then pl | nlack, o | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE | FORMINAL DISEASE OR CONDITION | DISEASE. |
| I RECO | on. has been permit. | 2 | CERTIFICATION | 190. DATE OF OPERATION | 196 CONDITION FOR WHICH | HOPERATION WAS PERFORMED | 200 AUTOPSY? 20b. I | F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) |
| DF VITA | physical physical trificate il-transit tol Hygin | £ 9 | | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE | AIN | DAY YEAR | CCURRED (ENTER NATURE OF INJURY IN ITEM | M 18 PART I OR PART 2) |
| DIVISION OF | PHYSK tending this cer the burie | ed or the | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE | P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | 19 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| VIQ | UDING or of S. After use os t ealth a | s morke | 6 | 220.1 certify that (I) (this hosp | pital) attended the deceased from, | 7/11 19 | 84 . 10 2/26 | |
| | R ATTEND hospital a RECTOR: Ved for use pt. of Hea | em 21 i | , | saw the deceased alive o abaye. (1) (we) (did) (did n 22b. SIGNATURE | ot) view the body ofter dear 19_ | DEGREE | pinion death accurred an the date and | havr and from the couses stated |
| | the LDI | ± - | X | 1/2-6114 | o lebet | ATTENDI PHYSICI | AN DIRECTOR PHYSICIAN | 2/27/65 |
| | reformed by if | MPORTANI / | | Terence R | Bertele M. | | rratts Road Maryland | |
| | | 3 | | URIAL, CREMATION, REMOVA | 1 23b. DATE 23c. | NAME OF CEMETERY OR CREMAT | ORY 234 LOCATION CITY OR TOWN | COUNTY STATE |
| | BP DHMH - 16 50M 4/ | - 'B2 | | Burial INERAL DIRECTOR | 13-1-85 IS: | 1/2 | | P.G. Maryland |
| 353 | (VRA 15, 4) | | H | untt Funeral | Home, Waldor | f, Maryland MA | 11 40 1000 3000 | antagen-Nortogias |

Arriant Communication and Communication of the Comm emrood (A. L. M. Lores La Filen La Laberca La Trentis and a state of the THE PARTY OF THE P antelogist a moralist and all all all and appropriate humaliyas in the contration of Henry Louis Louis , Land to the Company Louis Company Louis Company Co

| \sim | | 1- | FOR STATE | ı | EPARTMENT OF | E OF MARYLAND HEALTH AND MENTAL HY | GIENE & S | 06 | 0 0 8 |
|--|--------------------------|---------------|---|--|--------------------------|--|-----------------------------|---|--|
| - | 1 | | REGISTRAR | | CERTI | FICATE OF DEATH | REG. NO |). | |
| 300 | 1 | | EASED NAME FRST | MIDDLE | | LAST | 2a. DATE OF DEATH | MONTH DAY YEA | |
| oge 3 | 100 | | ORPRINTI MARI | E Baile | | JON ES | | 2 28 8 | |
| ctar. p | | 3. SE) | Fe. Female | 1. RACE BLAC, | S DATE MONI | OF BIRTH DAY JEAR 24 JEAR | 6. AGE (IN YEARS LAST BRI | YRS MONTHS DA | AYS HOURS MIN. |
| Parent de | 7/ | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT CO | MARRIE WIDOW | ED NEVER MARRIED DIVORCED D | 9 BALTIMORE CITY O | R COUNTY OF DEATH | d MD. |
| 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 91 | | ORT WASH. | (IF NOT IN SUCH FACILITY, OF | GIVE STREET ADDRESS) | OR OTHER INSTITUTION | I'Housewinfe | ON F WORKING LIFE) 17b. KIN INDUST | ID OF BUSINESS OR |
| and the | 35 | USU/ 13a S | AL RESIDENCE (IF NURSING HOME OF TATE 136 COU | | OR TOWN | 134 INSIDECITY LIMITS? YES NO - | 13. STREET ADDRESS | | D'CENTER |
| | 1160 | 14 FA | THER'S NAME FIRST James Thomas | MIDDLE | LAST V | 15. MOTHER'S MAIDEN N | MIDDLE | Patte | |
| and and | | - 0 | VAS DECEASED EVER IN U.S. AL | RMED FORCES? 166 SOC | 1 SECURITY NO. 2-38-7909 | Robert L. Ma | | Lamont St | |
| physical | ment, the | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | inly one couse per line for (c ED BY: | espirat. | Respiratory ! | Anrest | APP BETW | PROXIMATE INTERVAL ZEEN ONSET AND DEATH |
| tending e zarba | umotic e | 3 | Conditions, if any, which | DUE TO, OR AS A CO | ONSEQUENCE OF | 11 1 | Lato | | |
| Dy the of | of, cremon cather tra | | gove rise to immediate couse (o), stating the underlying couse lost | DUE TO, OR AS A CC | ONSEQUENCE OF | | | | |
| Spending of the plant of the pl | fo byrn njury, s | N O | PART 2 OTHER SIGNIFICANT | | ING TO DEATH BU | T NOT RELATED TO THE TER | MINAL DISEASE OR CON | DITION GIVEN IN PAR | 1 110 |
| on. hos bee | ene prio | CERTIFICATION | 19a DATE OF OPERATION | | R WHICH OPERATION | ON WAS PERFORMED | YES NO X | 206. IF YES, WERE FIN IN CERTIFYING CAU YES | |
| physical phy | atol Hyg | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MOI | NTH DAY YEAR | | RRED (ENTER NATURE OF INJUI | LY IN ITEM 18 PART I OR PART | 7 2) |
| mending the buri | and Mer | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 71e PLACE OF INJUR | Υ | 211. LOCATION STREET | CITY OR TO | wn COUNTY | Y STATE |
| al or a | Health is mort | | 22a I certify that (I) (this hasp | sital) attended the decease | d from Jun | e 15 , 19.84 and that in (my) (our) aprinion | Feb 28 | 19 85 | , that (I) (we) lost |
| the hospir | E Dept of | | above, (I) (we) (did) (did no 22b SIGNATURE | 1 in the body of fir deo | - MA | DEGREE ATTENDING PHYSICIAN | MEDICAL STAI | 77c. D 28 | Feb 1985 |
| formed by O FUNES | APORTAN | | 22d PHYSICIAN'S NAME (TYPE | M OSTA A | ~ | 27e ADDRESS | ton Rd., Ft. | | on, Md. |
| BP | s <u>S</u> | R | URIAL CREMATION, REMOVA | 3-4-85 | Funeral | MEJERY OF CREMATORY Home | | aster, S.C | STATE |
| VH - 16 50A (VRA 15, | | 24 F | JNERALDIRECTOR Marsh 4277 9th St. N | all's Funera W: Washingto | 1 Home | MAR' C | 16 1986 PEGISTRAR | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

THE PARTY OF THE P and any such as a season will start The search services of the search of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| REG. N | | | | | | | |
|----------------------|----------|---------|--------|---------------|------|--|--|
| DATE OF DEATH | MONTH | DAY | YEAR | 25 HOL | IR | | |
| FEBRUARY | 17,1 | 985 | | 6:00 | A | | |
| AGE (IN YEARS LAST B | RTHDAY) | IF UNDE | RIVEAR | IF UNDER 24 H | | | |
| 70 | YRS | MONTHS | DAYS | HOURS | AA I | | |
| DALTIMODE CITY | OR COUNT | VOEDE | ATM | | | | |

JUNG **ORANGE** 5. DATE OF BIRTH WHITE

October 7,1914

MARRIED NEVER MARRIED DIVORCED TY

PRINCE GEORGE 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

13e STREET ADDRESS / ZIP CODE

12b. KIND OF BUSINESS INDUSTRY Nursing

20735

CITY OR TOWN OF DEATH CLINTON

TO BIRTHPLACE (STATE OR FOREIGN

ROBERTA

FOR

- STATE

3. SEX

REGISTRAR DECEASED NAME LITTE OF PRINTS

FEMALE

COUNTRY) Ohio

Maryland FATHER'S NAME

11909 Piscataway Road SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RE 13b COUNTY

U.S.A

TO CITIZEN OF WHAT COUNTRY?

4 RACE

Pr. George

136 INSIDE CITY LIMITS?

WIDOWED

15. MOTHER'S MAIDEN NAME

Lora Ruble

11909 Piscataway Rd.

200 AUTOPSY?

XXX

Nurse

MIDDLE LAST 5124 Armand Avenue

Robert E. Orange IN U.S. ARMED FORCES?

LIF YES, GIVE WAR OR DATEST

166 SOCIAL SECURITY NO. 579-42-7295

CLinton

17 INFORMANT

FIRST

Dr. James Braden - Suitland, Maryland

Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost.

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

18 CAUSE OF DEATH (Enter only one couse per line to PART I. DEATH WAS CAUSED BY:

CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. MONTH DAY YEAR

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

P.M. 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM, ETC

21b. TIME OF INJURY

211 LOCATION

ATTENDING &

PHYSICIAN

COUNTY

22a L certify that (I) (this hospital) attended the deceased from sow the deceased alive on

NOT WHILE

DEGREE

that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF DIRECTOR PHYSICIAN

CITY OR TOWN

230 BURIAL, CREMATION, REMOVAL

Clinton, Maryland

STATE

STATE

CREMATION

CERTIFICATION

MEDICAL

8

MPORTANT

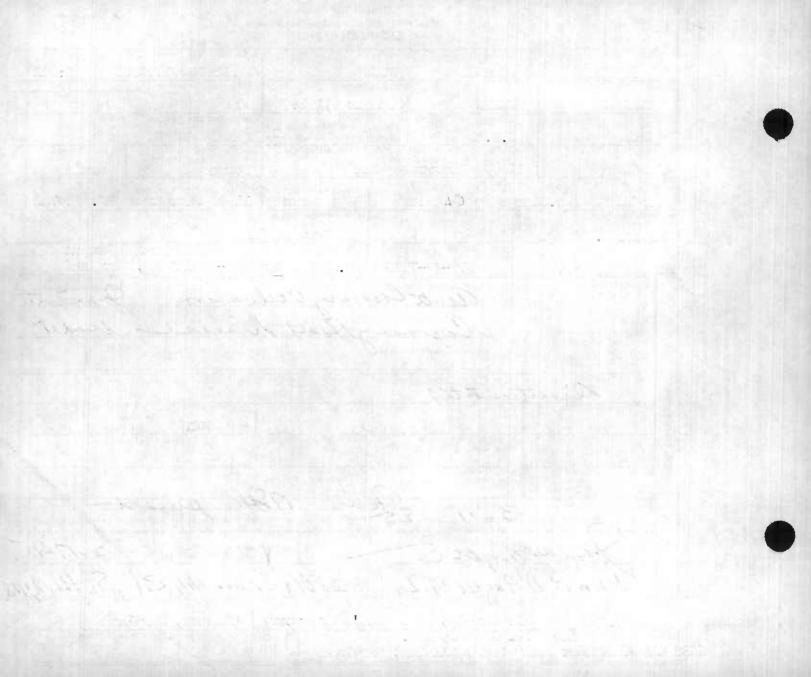
February 18, 1985 Lee Funeral Home, Inc.

Lee's Crematory

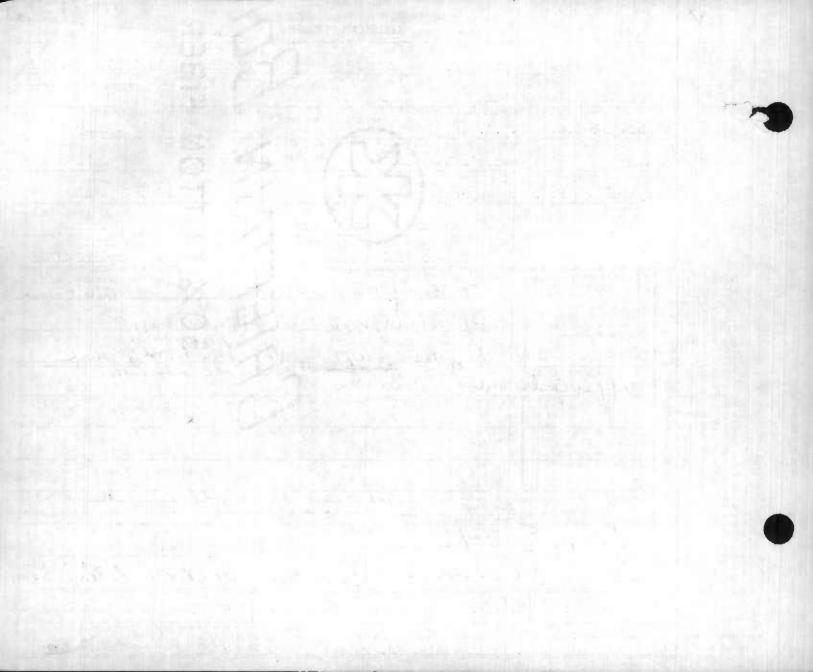
250, DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

OHMH - 16 60M 7/84 (VRA 15, 4) 6633

Old Alexander Ferry Road, Clinton, Maryland



| | X | 1- | STATE REGISTRAR | | | DEPARTI | | EALTH AND MENT ICATE OF DEAT | | REG. | NO | | | |
|---|--------------------------------------|---------------|--|--------------------------------------|-------------------------|--|---------------|---------------------------------|---------------|--|-----------------|---|-----------------------|------|
| 1 | 538 | | EASED NAME | EIRST | | MIDDLE | L | AS1 | 2 a. C | DATE OF DEATH | | DAY YEAR | 26 HOUR | |
| y be | 6) | TYPE | OR PRINT} | Anne | Eliz | abeth | KANI | | | February | 15, | 1985 | 5:40 | AM |
| 8 | | 3. SEX | (| | 4 RACE | Tildon St. | 5 DATE C | | | GE (IN YEARS LAST | BIRTHDAY | MONTHS DATS | HOURS A | HRS |
| ge 4 | | | Female | Capital | White | | 8 8 | 27 192 | | 63 | YRS | | HOURS I A | AIN. |
| Po di | EL | 7a BI | RTHPLACE (STATE | OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 AAA DDIE | NEVER MARRI | 9 BA | ALTIMORE CITY | OR COUNT | Y OF DEATH | | |
| leon, nero | 9 | Wa | shington | D.C. | U.S.A. | | WIDOWE | 37 | ED D P | rince Ge | eorge' | s County | У | MD. |
| s ofter d by the fu iled with | 13 | La | ty or town of a nham | | Doctor | s Hospi | ADDRESS) | R OTHER INSTITUTION | {TYP | USUAL OCCUPA E OF WORK FOR MOST ecretary | OF WORKING | | ice | OR |
| filled in | 35 | 13a S | TATE TYland | 13h COUN P.G. | OTHER INSTITUTION TY | GIVE RESIDENCE BEFORE 13c CITY OR TOW Hyattsv: | /N_ | 13d INSIDE CITY LIV | MITS? 13.5 | TREET ADDRESS | ZIP COD Plac | e 2078 | 2 | |
| ed withir ampletely and 2 sh | /www. | FA FA | THER'S NAME FIRST Harry | | WIDDLE | Keegan | | 15 MOTHER'S MAII PIRST Mary | | WIDDLE | | Tur | | |
| recut | dicol | | VAS DECEASED EN | | MED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | 100 | | | Avenue | | |
| Pog. | med | | o | 111 123 0111 | . WAR OR DATES) | 721-03- | 4307 | Frank Kan | ie (Son |) Cheve | erly, | Marylan | d 2078 | 5 |
| ote l | t, the | | 18 CAUSE OF DE | ATH (Enter on | y one couse per | line for (o), jb', on | dicij | 1 | | | | BETWEEN | MATE INTERVAL | ATH |
| rtific phy on po | even | | PART I. DEATH | alent + Mart | | | | | | | | | | |
| that the death d by the ottendi | ol, crematian, a or other traumat | | Conditions, if c gove rise to couse (o), st underlying co | immediate rating the ruse last | (b) DUE TO, O | DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) | | | | | | Sedon | ٤ | |
| requires en signe Then pl | injury, | NOIL | PART 2 OTHERS | | anditions co | | 100 | Dy. | | brandle ca | NA CE | exceed | 0. | -22 |
| The low ion. | Son ou | CERTIFICATION | 190 DATE OF OPE | RATION | 196 COND | ITION FOR WHICH | OPERATIO | WAS PERFORMED | | ES NO | IN CERT | ES, WERE FINDI IFYING CAUSES 'ES [] | NGS USED OF DEATH? |) |
| g physic entificate | entol Hyg | | 21a. ACCIDENT WAS OR CONTRIBUTING [[IF EITHER NOTIFY A | CAUSE OF DEA | | M. MONTH D | AY YEAR | 21c. HOW INJURY | OCCURRED (| ENTER NATURE OF IN | JURY IN ITEM 18 | PART I OR PART 2) | | |
| offending offending ter this of is the built | hand Merked or I | MEDICAL | 21d INJURY OCC | URRED | 21e PLACE | OF INJURY IEET, FACTORY, OFFICE, F | FARM EIC) | 211 LOCATION STREET | | CITY OR | IOWN | COUNTY | STAT | E |
| pritol or TOR: Af | af Healt | | 22n I certify that saw the dec- above (U/w | | of offended the | | 0 00 | d that in (my) (and | apinian dooth | o 2// | date and ho | or and from the | that (II (we) | dost |
| HOSPITAL OR A ned by the hos FUNERAL DIREC | Stote Dept. | | 7 Signal of the second | rox | 20 | honc | _ ' | ATTEN PHYSI | DING ME | DICAL ST | AFF ICIAN 🗌 | 22c. DATE | | |
| TO HOSP retained TO FUN should b | with the State | 22- 0 | Len | 042 | | nen us | | 62018 | | Gels | Ref | Tollo | se Rai | Enc |
| BP | | | | ial | 2/18/8 | 35 Ar | lingto | on Natl. (| Cem. | Forth My | | lington | | nia |
| DHMH - 16 6 (VRA 15 | | | | | | neral Hom | | | FEB 2 | 1 1985 | R 256 REGIS | TRAR'S SIGNAT | URE | .4 |



and campletely filled in by the funeral dir

please remove corbandapers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the should be detached for use as the burial-transit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

executed within 24 hours ofter

death certificate be

requires that the

OR ATTENDING PHYSICIAN: The low

haspital

etoined by

BP.

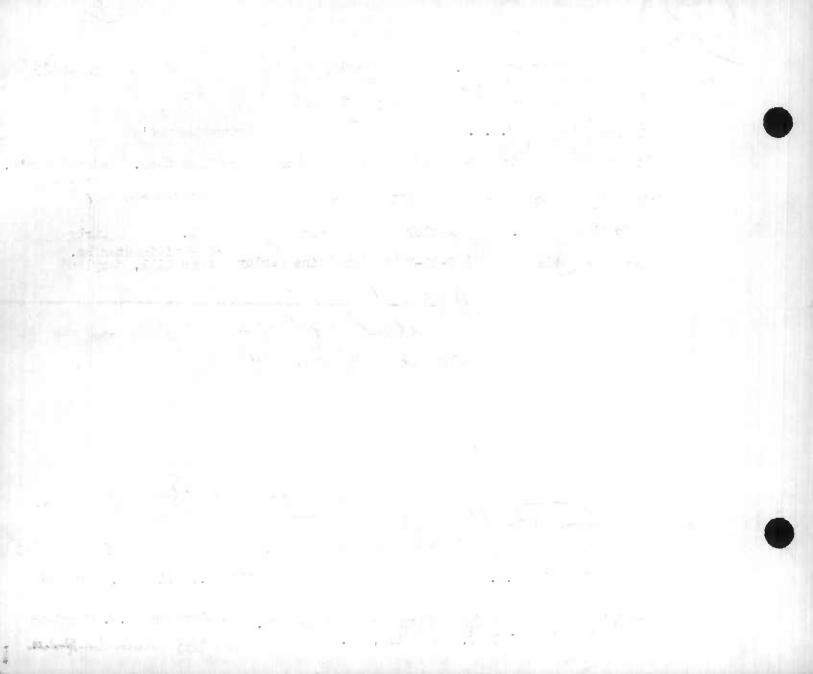
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | 1 - | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND MENTAL HY | GIENE | REG. NO | | | | | |
|----|---------------|---|----------------------------|-----------------------------|--|------------------|--|-----------------|---------------------------------------|--------------|----------------|-----------|------------|--------------|
| | | EASED NAME | FIRST | Α. | AIDDLE | i | AST | 2a. DATE | | ONTH | DAY | YEAR | 2b. HOL | JR a |
| | {IYPE | OR PRINT) | Lawre | nce | P. |] | Kerley | | 6 | 12 | 16 | 85 | 514 | 20 M |
| | 3. SEX | Male | 4 | RACE Whi | .te | 5. DATE C | | 6 AGE | IN YEARS LAST BIRTH | DAY) | MONTHS | DAYS | IF UNDER | MIN. |
| 1 | 7a. BII | RTHPLACE (STATE OR ECOUNTRY) klahoma | FOREIGN 71 | U.S.A | WHAT COUNTRY? | MARRIE WIDOWE | D T NEVER MARRIED | | more city or nce Geo: | | | EATH | | MD. |
| 2 | C | TY OR TOWN OF DEA | 45 | Southe | rn Maryl | and H | ospital Cente | | AL OCCUPATION NORK FOR MOST OF A Base | | LIFE) 12b | KIND O | ral (| ov t |
| 2 | 130. S | ALRESIDENCE (IF NURS TATE aryland | 13b. COUNT | Y | GIVE RESIDENCE BEFORE 13c. CITY OR TOW COXON Hi | N | 13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌 | 64 | TADDRESS / | zip coi | on F | Road | 2071 | 4 5 |
| 10 | 14. FA | THER'S NAME | AA I | DDLE | LAST | | 15 MOTHER'S MAIDEN NA | AME | MIDDLE | | | LAS | 1 | |
| | | Nicholas | | P. | Kerley | | Mary | | C. | | | Dark | v | |
| | | VAS DECEASED EVER YES NO OR UNKNOWN) YES | WWII | ED FORCES? WAR OR DATES) | 166 SOCIAL SECU | | 17 INFORMANT Geraldine Ke | rley | 6445 L | Ivin Hill | gsto . Ma | n Ro | and | |
| ì | | 18 CAUSE OF DEAT PART I. DEATH W | H (Enter only | one couse per BY | line for (a), (b), one | dici.i | Tark Tarks | 0. | 0- | | - | BETWEEN | MATE INTE | RVAL |
| | CERTIFICATION | Conditions, if ony, gove rise to immacouse (oil, stotimunderlying couse PART 2 OTHER SIGI | mediate ng the last. | ONDITIONS CO | | DEATH BUT | N WAS PERFORMED | | EASE OR COND | 20b. IF Y | res, wer | REFINDIN | VGS USE | |
| 1 | TIFIC | | | | | | | YES |] NO[] | | TIFYING YES | CAUSES | OF DEA | |
| 1 | | 210. ACCIDENT WAS UNI | CAUSE OF DEATH | 21b. TIME O HOUR A | M. MONTH DA | YEAR | 21c HOW INJURY OCCUI | RRED (ENTE | R NATURE OF INJURY | IN ITEM II | 8 PART I O | R PART 2) | | |
| | MEDICAL | AT WORK AT WO | HILE DRK | | EET FACTORY, OFFICE, F | ARM, ETC) | 21f LOCATION STREET | 4 | CHY OR TOW | N | - 6 | OUNTY | | STATE |
| | | 220.1 certify that (1) saw the deceas above, (1) five) (1 | ed alive on | 2 . / | 6 10 | 57 | nd that in (my)-our) opinion | n death occ | urred on the dot | e and h | | from the | | |
| | | 22b. SIGNATURE | mia | 11 | Jutte | M | | MEDIC DIRECT | AL STAFF | AN 🗌 | 2 | 2 . / | SIGNED 7-/ | 983 |
| | | Kemal | Mutlu, | M.D. | | i I | 4900 Silver | Hill | Rd., St | uitl | and, | Mar | ylar | nd |
| | -{ | urial, cremation, Specify) Burial | | 23b. DATE 2/20/8 | 85 Mar | vland | EMETERY OR CREMATORY Veterans Cer | m | Chelten | | P.G | . Ma | ryla | state ind |
| | 24 FL | INERAL DIRECTOR | eerge Sxen | Hilla | d. Oxon | Hill | Md. 250. Da | FFR 2 | N REGISTRAR 2 | Sh REGI | STRAR'S | SIGNAT | URE | |

DHMH - 16 50M 4/83 (VRA 15, 4)

FEB 25 1985 John Minden-Rondon



| h | FOR - STATE REGISTRAR | DEPARTN | STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | SIENE 6 5 0 | 6012 | | | | |
|------|--|---|---|--|---|--|--|--|--|
| | PECEASED NAME FIRST FRA | NCES Madeline | KLINE | FEBRUARY 27 | 1985 2b HOUR 9:40A M | | | | |
| 3, S | emale | Caucasian | 5. DATE OF BIRTH MONTH DAY MAY 11 1909 | 6 AGE (INYEARS LAST BIRTHDAY) 75 YRS | IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. | | | | |
| 4 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED MONORCED | Prince George | | | | | |
| L | anham | | of Pr. Geo. Co. | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Office Worker | 126 KIND OF BUSINESS OR INDUSTRY Gov t. | | | | |
| 130 | STATE 136 COU | or other institution give residence before inty 13c CITY OR TOWN IS GEORGE Temple | N 113d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP COD 2606 Keith St. | 20748 | | | | |
| 14.1 | George | MIDDLE Petitt | 15 MOTHER'S MAIDEN NA | Jane | Beach | | | | |
| 160 | WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) IF YES, G | RMED FORCES? IVE WAR OR DATES) 578-32-5 | 100 | 2606 Keith dman Temple Hi | | | | | |
| TION | Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost. PAN 2 OTHER SIGNIFICANT | ons Distak | Mation. NGE OF CLESTIC UTTO DEATH BUT NOT RELATED TO THE TERM TYPENDER | van. | | | | | |
| | 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 1700. IF YES, WERE FIN CERTIFYING CA 180. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 110. EITHER, NOTIFY MEDICAL EXAMINER) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY HOUR A.M. MONTH DAY YEAR 110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY IN ITEM 18. PART I OR PA 190. DATE OF OPERATION 190. ITEM 18. PART I OR PA 190. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY IN ITEM 18. PART I OR PA 190. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY IN ITEM 18. PART I OR PA 190. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OR CONTRIBUTIO | | | | | | | | |
| | saw the deceased alive a above, (1) (%) (did) (0.00) 22b SIGNATURE 22d PHYSICIAN'S NAME (179E | R and offer death | DEGREE ATTENDING | MEDICAL STAFF | 2/27/85 | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is

RAKESH ARORA, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 3/2/85

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION Pohick Church Cemetery

14300 Gallant Fox Lane #222, Bowie, Md.20715

Burial 24 FUNERAL DIRECTOR

George P. Kalas Funeral Home Oxon Hill Rd.

- 1 an . To delet work of the state of TTİ B iolick reported to the factor of the factor

Course . salan . were light on and leaves and a same

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral disshould be detached for use as the bunal-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 has with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, arother traumatic event, the medical examiner

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| · · | Ω | 6 | | S | 3 |
|-----|----------|-----|------|---------|--------|
| 2 | 4 | 0 | 6 | • | - |
| | 5 | 5 0 | 5 06 | 5 0 6 0 | 5 0601 |

| | REGISTRAR | | | CEKITI | ICAIL OF DEATH | REG. NO | ٥. | | |
|---------------|---|---|-----------------------------------|-------------|--------------------------------------|---|-------------------|-------------------|---------------------------|
| | DECEASED NAME FIRST YPE OR PRINT) | | IDDLE | | AS1 | 20 DATE OF DEATH | | Y YEAR | 2b. HOUR |
| L | Ga | rroll | | K | uykenda11 | February 2 | | | 12:21a _M |
| 3. 5 | SEX | 4. RACE | | 5 DATE C | | 6. AGE (IN YEARS LAST BIRT | | UNDER 1 YEAR | HOURS MIN. |
| L | Male | White | | Apri | 1 24 1905 | 79 | YRS. | | |
| 7a. | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF W | HAT COUNTRY? | 8 MARRIE | D XXVEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY O |)F DEATH | |
| 1 | Tennessee | USA | | WIDOWE | | Prince | Georg | es | MD |
| 10. | CITY OR TOWN OF DEATH Laurel | (IF NOT IN SUCH | FACILITY, GIVE STREET A | DDRESS) | ille Hospital | 120 USUAL OCCUPATION OF WORK FOR MOSTO Bus Operat | | | OF BUSINESS OR Cransit |
| | SUAL RESIDENCE (IF NURSING HOME O B. STATE 13b. COU Maryland Prin | | 13c CITY OR TOWN | N | 134. INSIDE CITY LIMITS? YES KO D | 310 Thomas | ZIP CODE Drive | | 20707 |
| 14 | FATHER'S NAME Price | MIDDLE | ykenda11 | | is. mother's maiden na/ Laura | Etta | | Ĩ | Laws |
| 160 | WAS DECEASED EVER IN U.S. AL | ME MAR OR DATES | | | 17. INFORMANT | ADDRE | | | |
| | N/A N/A | A Same Same Same Same Same Same Same Same | 408-10-7 | 921 | Madaline C. K | uykenda11-w | ife-(S | ame as | s 13e) |
| | 18 CAUSE OF DEATH (Enter o | | ine for (a), (b), onc | lici | , | | | APPROX BETWEEN | ONSET AND DEATH |
| Н | PART I. DEATH WAS CAUS | ED BY: TE CAUSE (0) | Cardy | ec a | west | | | 24 | her |
| 1 | | DUE TO, OR | AS A CONSEQUE | NCE OF | , - 1 . 1 | | | | |
| 1 | Conditions, if ony, which | (b) | myo | con | deal sufai | ct | | | |
| L | gove rise to immediate couse (a), stating the | DUE TO, OR | AS A CONSEQUE | NCE OF | | | | | |
| 1 | underlying couse lost | (c) | | | | | | | |
| Z | PART 2 OTHER SIGNIFICANT | A A | n . | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART 1 | 10 |
| 1 2 | eur | Cu. | ues | 2252.5.5 | | Les auxonomia | Tank IF VEC | WERE EN IR | |
| CERTIFICATION | 19a DATE OF OPERATION | 196 CONDIT | ION FOR WHICH | OPERATIO | N WAS PERFORMED | YES NOR | | | S OF DEATH? |
| | 00.00.000.000.000.000.000.000 | 110110 4 41 | INJURY A. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PAR | T I OR PART 2) | |
| ₹ U | (IF EITHER, NOTIFY MEDICAL EXAMINE | AIR | | 19 | | | | | |
| MEDICAL | 216 INJURY OCCURRED | 21e PLACE O | FINJURY ET FACTORY, OFFICE, FA | ARM ETC) | 211. LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| * | WHILE NOT WHILE AT WORK | | | | , | | | | |
| | 22a 1 certify that (I) (this hosp | 2/21 | | 5 2 | /20 19 8 | 2/21 | | - | that (I) (﴿ lost |
| 1 | sow the deceased alive or above, (1) (we) (did) (did n | | ifter death. | . 01 | nd that in (my) (aur) opinion (| deoth occurred on the do | ite and hour o | and from the | couses stated |
| | 226 SIGNATURE | a Com | -10 | | ATTENDING PHYSICIAN | MEDICAL STAF | F IAN [] | 221. DATE | 21/85 |
| 1 | 224. PHYSICIAN'S NAME TYPE | OR PRINT) | | | 22e ADDRESS | | | | |
| | L. CASAS | mp | | | 14201 Lourell | M.Dr. #221 Lan | nel wel | 26707 | , |
| 230 | BURIAL, CREMATION, REMOVA | | | IAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | COUNTY | STATE |
| | (SPECIFY) Burial | Feb. 25 | 1985 | Unior | n Cemetery | Burtonsvil | .le Mc | ontgome | ery Md. |

DHMH - 16 50M 4/83 (VRA 15, 4)

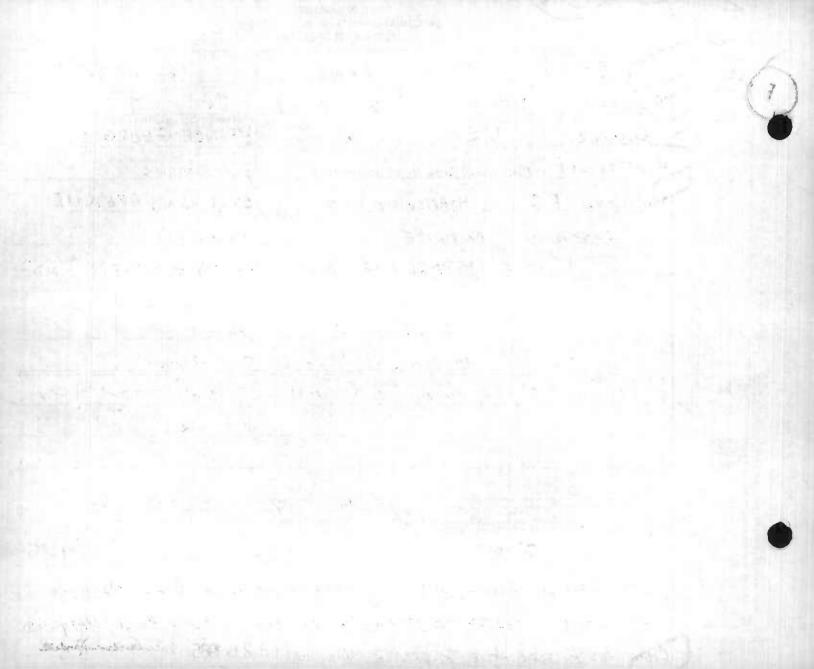
etoined by the hospitol or

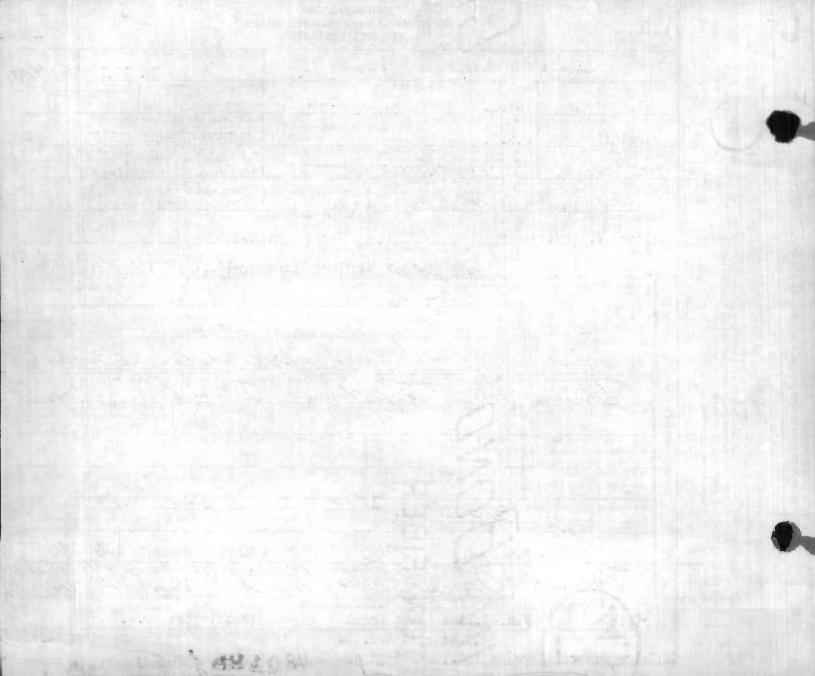
BP.

Hines/Rinaldi Funeral Home 11800 N.H. Ave.,

256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE







DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

5 DATE OF BIRTH MONTH

March

WIDOWED

17 INFORMANT

REG NO. 20 DATE OF DEATH MONTH 2h HOUR 06 FEB 1985 8:00 am A AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [Prince Georges 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Retired US Gov't 13e STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? 6805 D'Angelo Court 15 MOTHER'S MAIDEN NAME Levine Betty ADDRESS same as 13e Mary H. Byers - wife ocardial Infarction & Heart Failure PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20a AUTOPSY? 20h IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES TE NO YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Andrews Air Force Base Hospital Suitland JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 113h COUNTY 13c. CITY OR TOWN Bowie Maryland rince George 4 FATHER'S NAME FIRST. MIDDLE Edward Lazerow IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IE YES GIVE WAR OR DATES) yes CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE

REGISTRAN

Male

New York

O. BIRTHPLACE (STATE OF FOREIGN

DECEASED NAME

couse (a), stating the DUE TO OR AS A CONSEQUENCE OF

STEPHEN ALLEN LAZEROW

Caucasian

Th CITIZEN OF WHAT COUNTRY?

4 RACE

19% CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION

71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

220 | certify that the (this hospital) attended the deceased fram_

abave, (1) (we) (did) (ald wt) view the body after death

P.M 21e PLACE OF INJURY

AT HOME STREET FACTORY OFFICE FARM, ETC 1

19 211 LOCATION

28 January

DEGREE

CITY OR TOWN

and that in (aw) (aur) apinion death occurred on the date and hour and from the causes stated

February

COUNTY

STATE

STATE

saw the deceased alive on_

23b. DATE

PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

(IF EITHER, NOTHEY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

WHILE

226 SIGNATURE

22e ADDRESS

Andrews Air Force

Feb. 6. 198

230 BURIAL CREMATION, REMOVAL

Burial

Conditions, if any, which gove rise to immediate

underlying cause

6 February 10 85

Malcolm Grow US Air Force Medical Ctr. base 23(, NAME OF CEMETERY OR CREMATORY

23d LOCATION

DHMH - 16 50M 4/83 (VRA 15, 4)

74. FUNERAL DIRECTO Beall Funeral Home

6000 Annapolis Road Bowie, Maryland

Arlington National Cem Ft. Myer, Virginia 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

wie Devidson-Randoll

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579-52-5955 Fory H. Dura - wife come to 130

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| | 1- | FOR STATE REGISTRAR | | DEPARTA | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE REG. NO | U 0 | O . | 1 1 | | | | |
|----|--|---|----------------------|---------------------------------------|------------------|---|--|-----------------------|------------------|-------------------------------|--|--|--|--|
| | | CEASED NAME FIRST | 1 | MIDDLE | (| AST | 24 DATE OF DEATH | MONTH DAY | Y YEAR | % HOUR | | | | |
| | (,,,, | Catl | herine | E. | Le | e | Feb. 21, | 1985 | | 9:42a _M | | | | |
| | 3. SE) | x | 4 RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BIRT | | UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. | | | | |
| | | Female | White | | Jan. | 1 | 81 | YRS. | ATTIS DATS | MIN. | | | | |
| 6 | | RTHPLACE (STATE OR FOREIGN COUNTRY) | | WHAT COUNTRY? | MARRIE WIDOWE | D NEVER MARRIED DIVORCED | 9 BALTIMORE CITY O | | | | | | | |
| 12 | Pennsylvania United States w 110 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR L'EL AND M'EMORIAL L'EL AND M'EMORIAL | | | | | | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O Noodle man | ON E WORKING LIFET | 126 KIND O | F BUSINESS OR Noodle C | | | | |
| 6 | USU/ 13a. S | AL RESIDENCE LIF NURSING HOME O | R OTHER INSTITUTION. | GIVE RESIDENCE BEFORE | ADMISSION) | 134 INSIDE CITY LIMITS? YES NO | 13. STREET ADDRESS / 2400-Quee | ZIP CODE | | _ | | | | |
| de | 14 FA | THER'S NAME HIRST Joseph | MIDDLE | Ignasia | .k | 15 MOTHER'S MAIDEN NAME Sophie | WIDDIE | | Skwarek | | | | | |
| 1 | | VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G | RMED FORCES? | 063-09-1 | | Robert E.Lee | ADDRE (Son)4249-H | sædgew olly P | ater,M oint R | D 21037 | | | | |
| | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT | (b) DUE TO, O | R AS A CONSEQUE | K M | oroney he | at Dise | eare 2e | N IN PART 11s | | | | | |
| 1 | IFICATION | 19a DATE OF OPERATION | | | | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, | WERE FINDIN | GS USED | | | | |
| 9 | CAL CERTIF | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI | HOUR A. | M. MONTH D | AY YEAR | 21¢ HOW INJURY OCCURI | | RY IN ITEM 18 PAR | RT I OR PART 2) | | | | | |
| | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE | | | | |
| | TX) | 22a.1 certify that (1) (this is saw the deceased in the above, (1) (we) (did | 1 4 | 0/ 19_ | | nd that in (my) (our) opinion | death occurred an the do | ite and haur c | | | | | | |
| | | 22b. SKGNATURE | | | | | MEDICAL STAF | F IAN 🗆 | FE b. | SIGNED . 21, 1985 | | | | |
| 1 | | Abraham D | abela | | | 22. ADDRESS 4404 BUE | enshing Rd | . Rive | endele | m | | | | |
| | 23a E | BURIAL, CREMATION, REMOVA | L 23b. DATE | 23: 1 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | | | | | | |

DHMH - 16 50M 4/83

(VRA 15, 4)

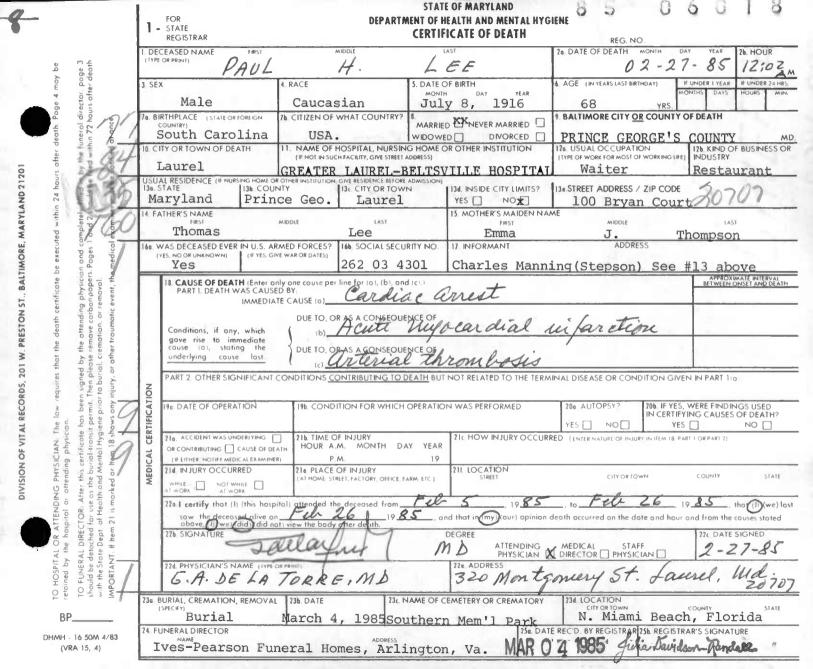
Burial Feb.23,1985 Mount Olivet Cemetery J. Wm. Tee's Sons Co. 300-4th Store, NE, Wash., DC20002 E82

Washington, D.C.

Parala Jan. 3.1 of 1.3.1 of 1.2.2 of 1.

Maryland Frince Coorna Hyattaville & 248-Curene Chapel Chi. 20752

nertil Pen.23,1985 Found Oliver Jacques | Lautungon, D.C.
J. t. t. e's Gous Co.3(V-445 in., NZ., Numbr., DOLONCO, FO.T. & Public Co. 2005)





| . N | | | FOR | | STATE OF DEPARTMENT OF HEALT | MARYLAND | giene 5 | 6019 |
|-----------------------------------|--|-----------------------|---|---|---|--------------------------------|-------------------------------------|--|
| 10 | | 1- | STATE REGISTRAR | | DICAL EXAMINER'S | | |). |
| | Marm ⊗ ⊢ | 1 DE | CEASED NAME MILDRE | ED / Yes / | MIDDŁE | LEON LEON | | MONTH DAY YEAR 26 HOUR |
| | (SHEEK) | 3 SE | EMALE WHITE | MARCH 21 | 1943 6. AGE (IN YEARS IF L LAST BIRTHDAY) MOI | JNDER 1 YR. IF UNDER 24 | HRS 2c. DATE PRONOUNCED DE AD | MONTH TONY YEAR 24 HOUR |
| | 0405476 | | RTHPLACE (STATE OR ENNSYLVANIA | U.S.A. | HAT COUNTRY? | RIED NEVER MARRIED | - | R COUNTY OF DEATH |
| | SEAVEN TOTHER PAGE 5 BE FILED. | 10. CI | TY OR TOWN OF DEATH | | PITAL, NURSING HOME, OR O'CHITY, GIVE STREET ADDRESS) | Abd. 815 | FOR MOST OF WORKING LIFE) SALESLADY | OF WORK 1726 KIND OF BUSINESS OF INDUSTRY JEWELRY |
| 21201 | F ANY DE AND 3 P. RETAIN SHOULD BL. RECORD | USU/ 13a/8 | RESIDENCE IF IN NURSING HOME AREY LAND 13b. COUL | OR OTHER INSTITUTION, GIVEN | VE RESIDENCE BEFOR ADMISSION) 13c. CITY OR TOWN | 13d INSIDE CITY LIMITS? 13 | | 020783 |
| RE, MD. | PW PW | Y | THER'S NAME PIRST OSEPH | MIDDLE | KRIEGER | 15. MOTHER'S MAIDEN | NAME | GRUNGRASS |
| BALTIMORE, MD. | F TO SE | 160 V | VAS DECEASED EVER IN U.S. AL | RMED FORCES? E WAR OR DATES) | 16b. SOCIAL SECURITY NO. 578-26-1451 | HARRY LEO | N, TAKOMA DADA | AMPSHIRE AVENUE |
| - : | ERWI ERWI ERWI ERWI AL. | en e | 18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSI IMMEDIA | nly one cause per line ED BY: ATE CAUSE (a) | for (o), (b), and (c).) Multiple | Inje | viès | APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PRESTON ST | CIL IN SERVICE IN SERV | | Conditions, if any, which gave rise to immediat | e (b) | E24 | V | | |
| , 201 W | CUTED WITH IN PENCIL EXAMINER SRIAL - TRANS ND MENTAL - | | cause (a) stating the <u>under</u> lying cause last. | (c) | AS A CONSEQUENCE OF | | | |
| ECORDS | "PENDING" IN F. MEDICAL EX ED AS A BURIA HEALTH AND A | NOI | None | | BUT NOT RELATED TO THE TERMINAL OISE | | (a). | |
| VITALR | E SHOULD WORD "PE E CHIEF A BE USED NT OF HE. | MEDICAL CERTIFICATION | 190. DATE OF OPERATION | | TION FOR WHICH OPERATION | | | YES NO DE |
| DIVISION OF VITAL RECORDS, 201 W. | CERTIFICATE SI TING THE WO SED TO THE 3 SHOULD BE DEPARTMENT I PRIOR TO BU | | 210 EXTERNAL CAUSE WAS UNDERLYING POR CONTRIBUTING CAUSE OF | DEATH P.M | MONTH DAY YEAR | Full fr | ENTER NATURE OF INJURY IN ITEM 18 P | PART I OR PART 2) |
| DIVIS | ±≥₹₹₹ | MED | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e. PLACE C STREET, FACT | OF INJURY (AT HOME, 1211. L. LORY, FARM, ETC.) | OCATION STREET V. Hampel | CITY OR TOWN | Price Georges Mil |
|) | A P O S H S | | 220 I certify that I took char death resulted from: Nati | ge of the remains des | cribed above, held on Auto | | Undetermined monner . | d in my apinian |
| • | FINE CERTIF ETHE CERTIF SHOULD BI FERAL DIREC EATH, WITH ORE, MARYI | | ACTUAL SIGNATUR | a for | Capus | M.D Den | _MEDICAL EXAMINER | DATE SIGNED 1 /965 |
| | TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FATO FUNBARA DIRECTO AFTER DEATH WITH THE BALTIMORE, MARYLAN | | EXAMENER'S NAME DR | | ROCERS, M. D. | _ADDRESSSTI | | AD ARVLAND |
| | BP | - (: | JRIAL, CREMATION, REMOVAL PECIFY) BURIAL | | 23E NAME OF CEMETERY | | 23d. LOCATION CITY OR TOWN | URCH, VIRGINIA |
| | DHMH - 17 | 24 F | DUNAL'D OM? STEIN | I HEBREWORLD | KING DAVID I EMORIAL FUNERAL WASHINGTON | HOME 250. DATE REC | D. BY REGISTRAR 256 REGIS | |
| | (VR A15 ME (5)) | | 232 CARROLL STI | REET, N. W | . WASHINGTON. | D. C. FEB O 6 | 17000 | (WON) |

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH MONTH DECEASED NAME 26. HOUR TYPE OR PRINTS 20 una & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH Nov. 9, 1914 BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Colorado WIDOWED DIVORCED X rinco 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 12h KIND OF BUSINESS OR Ret. Saleslady INDUSTRY LIB COUNTY 136. CITY OR TOWN 21032 136.STREET ADDRESS / ZIP CODE 726-North Riverside Dr. 1134 INSIDE CITY LIMITS? Md. Crownsvil Arundell nne 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRS1 Leo Leonard Annie 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) IN YES, GIVE WAR OR DATES! 188-09-5318 Anna L.Babcock APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 5 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO YES | 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION ed or 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) STREET NOI WHILE 220.1 certify that (1) (this hospital) attended the deceased from m 85 sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING # MEDICAL STAFF 20/83 PHYSICIAN DIRECTOR PHYSICIAN

BP DHMH - 16 50M 4/83 (VRA 15, 4)

o e

230 BURIAL, CREMATION, REMO

Cremation

2/21/85

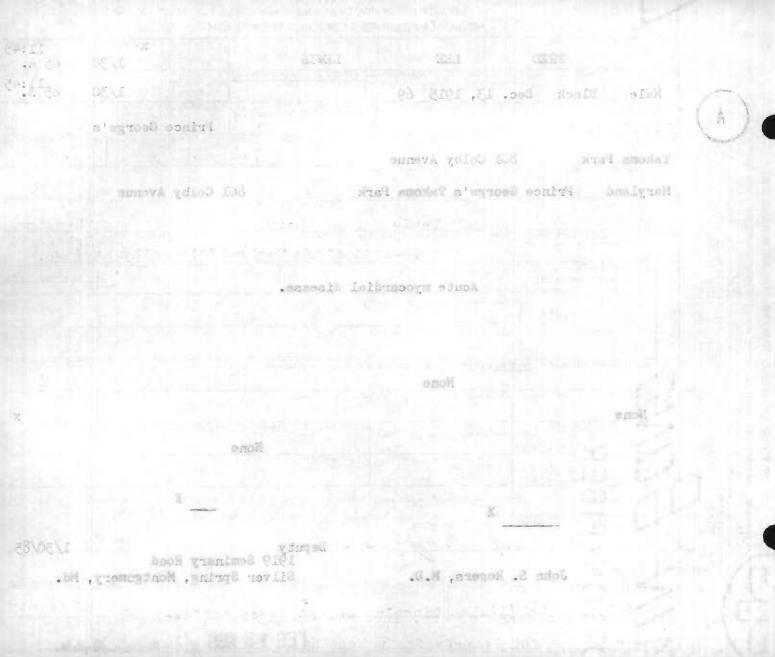
Ft. Lincoln Cre. Brentwood Pr.Geo. Md. 24 FUNERAL DIRECTONalley's 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAL Mt.Rainier,

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

- The partie of the Country of the C Aloga sende Crownerslie - 725- eren stormerslie - 725-Hami ne e- 1907-1907 - Hami L. Manne (1907-1907) - 1907-1907 - 190 Case to Proposed of the o the state of the s

| 1 | - 5 | OR STATE SEGISTRAR | | ME | | | | ND MENTAL I | | PILI | 0 6 3. NO. | 0 2 1 |
|-----|---------------|--------------------------|--|--|--------------|-------------------|-----------------|----------------------|---------------------|------------------------------------|---------------------|--|
| 1. | DEC | EASED NAMI OR PRINT) | FIRST | HD | MIDDLE | | LAST | WIS | 20 | OF ESTI- | HINOW X | DAY YEAR 71 1945 30 19 85 A. M |
| 3. | SEX | | 4 RACE | 5. DATE OF BIRTH | | 6. AGE (IN YEAR | | | | . DATE | HTMOM | DAY YEAR 78 HOUR |
| | M | ale | Black | Dec. 13, | 1915 | 69 YR | | DAYS HOURS | MIN PF | RONOUNCED DE AD | 1/: | 30 19 85 A: 45 |
| 70 | | THPLACE (S | ATE OR | 76 CITIZEN OF W | | TRY? | MARRIED | ☐ NEVER MARE | RIED X | BALTIMORE CI | TY OR COUN | TY OF DEATH |
| | Mi | ssiss | ippi | USA | | | WIDOWED | | | Prince | | |
| 10 | CIT | Y OR TOWN | OF DEATH | 11. NAME OF HO | | | OR OTHER II | NSTITUTION | 12a. USUA FOR MO | AL OCCUPATION OST OF WORKING LIFE | (TYPE OF WORK | 126 KIND OF BUSINESS OR INDUSTRY |
| 1 | Ta | koma P | ark | 801 Co | lby A | venue | | | Une | mploye | d | N/A |
| | SU A | | 13b COU | | 13c CITY | ORTOWN | 13d. | INSIDE CITY LIMITS? | | T ADDRESS | | Donald |
| | | ryland | | ce George | 's Ta | koma Pa | | ES NO | | Colby A | venue | 010012 |
| 14 | 4. FA | THER'S NAME | | MIDDLE | | LAST | 15. | MOTHER'S MAID | EN NAME | MIDDLE | | LAST |
| 4 | R | obert | 51/50 0111 | | | ewis | 110 | Mary | | 100 | 25.22 | Thurston |
| 10 | YE (YE | S, NO, OR UNKNO | DEVER IN U.S. A | /E WAR OR DATES) | | CIAL SECURITY | 100 | | | ADDI | | Takoma Pk |
| - | | 0 | | | | -18-03 | 15 A1 | ice Ma | thews | 1/15 C | olby A | |
| l | | PART I DE | | inly ane cause per lin | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | 3 | | IMMEDI | ATE CAUSE (a) A | | SEQUENCE O | | bease. | | | | |
| | В | | ns, if any, which | | | | | | | | | |
| | - | cause (a) | se to immedia stating the <u>unde</u> | | R AS A CON | NSEQUENCE O | - | | | | | |
| | П | lying cau | se last. | (c) | | | | | | | | |
| ı | | PART 2 OTHER SI | GNIFICANT CONDITION | IS CONTRIBUTING TO DEAT | RUT NOT REL | ATED TO THE TERMI | AL DISEASE OR C | CONDITION GIVEN IN P | ART 1 tot | | | |
| | NO. | | | | Non | е | | | | | | |
| | CERTIFICATION | 19a DATE OF | OPERATION | 196 COND | ITION FOR | WHICH OPERA | TION WAS F | PERFORMED? | | | 100 | 20 AUTOPSY? |
| | TE | None | Section 2 | | | | | | | | | YES NO NO |
| | | 210 EXTERNA | L CAUSE WAS | 21b. TIME C HOUR A. | | DAY YEAR | 21c. HOW | INJURY OCCURR | ED (ENTERNA | TURE OF INJURY IN ITE | M 18 PART 1 OR PA | ART 2) |
| | ICA | CONTRIBUTI | NG CAUSE O | | | 19 | | 10 | None | | | |
| | MEDICAL | 21d. INJURY C | NOT WHILE | | OF INJURY | | 21f LOCAT | | | CITY OR TOWN | со | DUNTY STATE |
| | | AT WORK | AT WORK | | | | 1 | | | | | |
| | | 22a. 1 certi | fy that I took cha | rge of the remains de | escribed abo | ave, held an | Autapsy [| . Inspection | an . | Inquiry X | and in my as | pinion |
| | 4 | death result | ed fram. Nat | ural causes X, | Accident | , Suic | ide . | Hamicide . | Undeter | mined manner | | |
| | | ACTUAL | 1 | 0 0 | K | | | TITLE (SPECIFY) | | | DATE | |
| H | Y | SIGNATURE. | 4 | To the state of th | / 9 | Ju | M.D | Deputy | | AL EXAMINER | SIGNE | 1/30/85 |
| | | EXAMINEDS | NAME TO | m C D | | - | | 1919 | | nary Ros | | wa Wa |
| 1 | _ | TYPE OF PRI | | n S. Roge | | .D. | | RESS_Silv | | |) i to resulte | ry - wa |
| 123 | (50 | PECIFY) | TION, REMOVAL | | | NAME OF CEM | | | 23d. LOC CITY OR | RION | COU | PG County |
| 2 | | urial NERAL DIREC | TOR RN H | Feb/1/85 orton Co | MOI | incaln | Mem. | CEMEL | REC D. BY R | EGISTRAR PAR | Md REGISTRAR'S S | |
| | | NAME | | ADDRES | is | C + 37 | TT * | FFR | 1319 | - / | | S |
| E | R | Hort | on | 600 Ken | nedy | SE NW | Wash | Dara | AR | Hara. | Bridge | (tanda 10 |



Feb. "To 12-15 St. 18429 E Mile De Mars; Extreme 16. [Rellie. which and the contract of the

Donaldson Funeral Home, Laurel, Md

STATE OF MAK

DEPARTMENT OF HEALTH AND MENTAL

FOR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)



| CONTROL OF VITAL ACCORDS, ACT W. TREGICOS SI., DALLIMORE, MARIEMORE, MARIEMOR |
|--|
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the hospital or attending physician. |
| TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and competitive lines in the funities directar, page 3 should be detached for use as the buriof-transit permit. Then please remove carbanappers, and conditions as the buriof-transit permit. Then please remove carbanappers, and so the lines are the prior to buriof, cremation, ar remove. |

| | 1- | FOR STATE REGISTRAR | DEPARTA | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE S | 0 6 | O : | 2 4 | | | |
|---------------------|---------------|--|---|-----------------------|---|--|----------------------------|--------------------------------------|-------------------------------------|--|--|--|
| | | CEASED NAME FIRST | WIDDIE | | AST | 2a. DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR | | | |
| | | MYR | | | IDAMOOD | | 02 16 | 85 | 13:28p _M | | | |
| 14 | 3. SE. | × Female | White | 5. DATE C | | 6 AGE IN YEARS LAST BIR | | UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN, | | | |
| 13 | | IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia | U.S.A. | 8 MARRIE WIDOWE | D NEVER MARRIED | 9. BALTIMORE CITY C | | | , MD. | | | |
| 10 | 10 C | Riverd ale | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Leland Memoria | IG HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewife | ION DEWORKING LIFE! | 126 KIND O INDUSTRY at ho | F BUSINESS OR | | | |
| 8 | USU. | AL RESIDENCE (# NURSING HOME O STATE 136 COU | ROTHER INSTITUTION GIVE RESIDENCE BEFORE | ADMISSION | | 13e STREET ADDRESS 4221-32nd | ZIP CODE Street | 20' | 712 | | | |
| d | 14. F/ | ATHER'S NAME FIRST John Cla | middle rence Helfin | | 15. MOTHER'S MAIDEN NA/ FIRST Leona | WE | TH | O*Br | ian | | | |
| /medical | | WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI | RMED FORCES? 166 SOCIAL SECUNE WAR OR DATES) 578-10-6 | - | 17 INFORMANT Barbara Lee I | | | anassas Park, VA.)124-Evans St., | | | | |
| fic event, III | | | nly ane cause per line far (a), (b), an ED BY: ITE CAUSE (b) | 10/0 | ospiratory | Arrest | + | APPROXI BETWEEN | MATE INTERVAL ONSET AND DEATH | | | |
| ury, ar other traum | 7 | Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO | ence of | NOT RELATED TO THE TERM | INAL DISEASE OR CON | IDITION GIVEN | IN PART 1:c | 3 | | | |
| ony inje | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WIN CERTIFYIN | IG CAUSES | | | | |
| lem 18 sh | | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE | | AY YEAR | 21c HOW INJURY OCCURR | RED (ENTER NATURE OF INJU | DRY IN ITEM 18 PART | T OR PART 2) | | | | |
| rked or h | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | ARM, ETC) | 21f LOCATION STREET | CITY OR TO | OWN | COUNTY | STATE | | | |
| 21 is mo | 3 | | n 2 · 15 19 S | 1. 3 | nd that in (my) (aur) apinion of | ta2 · 15 death occurred an the d | | | that (I) (we) last causes stated | | | |
| T: If hem | | 226. SIGNATURE LYEUS | of | | | MEDICAL STA | CIAN | 2/16 | 1000 | | | |
| MPORTANT: If hem | | M. YUSUF | OR (#Et) | | LAUREL. | Fost Mas MD. 207 | ade Re | not | | | | |
| - | 1 | BURIAL, CREMATION, REMOVA (SPECHY) Burial | | | emetery or crematory on National C | | | | | | | |
| /83 | | uneral director Wm. Lee's Sons C | o.300-4th St.,NE | ,Wash | .,DC2005=B2 | 5 1985 Jul | 256. REGISTRA | A-Rand | URE . | | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Marylant - Drive George, Nv. Bainier . 1 en.19,1937 meinin der Geickel Ju., willams, ..Geo.St., Der Intru

J. L. Tee's Star 30.30 - Fit 85... 1, 20 - Fit

ATTENDIN

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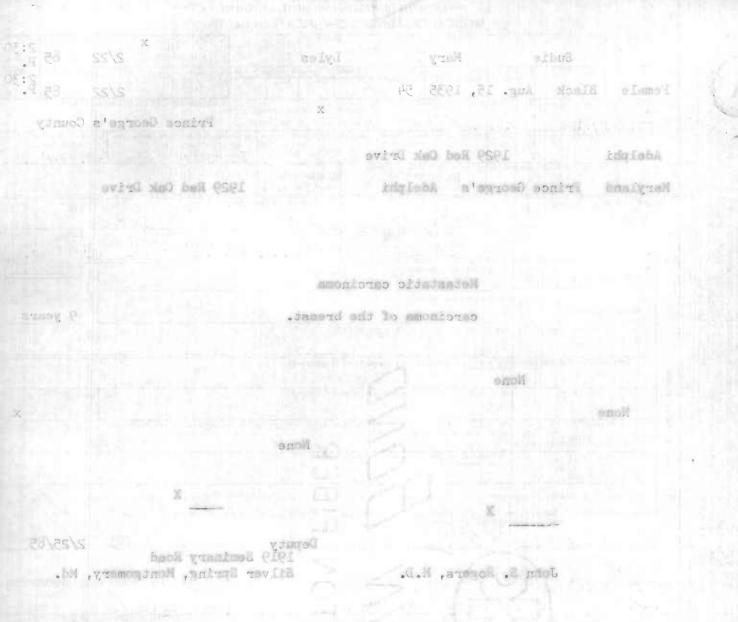
FUNERAL D

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH YEAR 7h HOUR (TYPE OR PRINT) 85 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH CAUCASIAN MONTH YEAR HOURS FEMA/E 83 MAY 1901 To. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) USA MARYIANO WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Laurel Greater Laurel Nursing Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARULANO NO K URIVE ZOTOT LAURE FITZAATRICK 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLI MIDDLE JAMES 4. Smitson MARTHA BARTLEL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. TYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SAME AS 13E RANDOIDH LUSK 220-54-2392 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY andia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE, OF Broklesc Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF FOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHITE NOT WHILE Ducust 270 I certify that (1) (this hospital) ottended the deceased Iram. .19 55 , and that in (my) (aur) apinian death accurred on the date and hour and from the couses stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR | PHYSICIAN PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OR TOWN COUNTY 2 27 85 MEADOWRIDGE MEM PR. BURIA BAHIMORE MD UNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNA DHMH - 16 60M 7/84

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| REGISTAR DECEASED NAME FIRST MODILE LAST SUBJECT SUBJ | 1 | FOR | | | DEDART | | OF MARYLA | | etie 23 | 0 | 60 | 2 6 |
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| T DECEASED NAME (TIPE OR MINE) Sudie Mary Lyles Continue C | 1- | STATE | | A | | | | | EATH | | | |
| Sudie Mary Lyles Soate of Brith March Day Lyles Death Marted Death Mar | 1. DI | | E FIRST | ••• | | | LAST | CAILOID | | | AONIH DAY | YEAR 7h |
| SEX 4. RACE S. DATE OF BIRTH A. AGE (NO TAKE) FUNDER 1 VR. FUNDER 24 HRS R. DATE MONTH DAY TEAR A. MONTH DAY TEAR TEA | | | | 0 | Mary | | Lvlee | | OF ES | 511- | 2/22 | 85 |
| Female Black Aug. 15, 1935 49 yes. Table Black Aug. 15, 1935 49 yes. Table Black Aug. 15, 1935 49 yes. Table Black Aug. 15, 1935 49 yes. Table Black Aug. 15, 1935 49 yes. Table Black Aug. 15, 1935 49 yes. Table Black Aug. 15, 1935 49 yes. Table Black Aug. 15, 1935 49 yes. Table Black Aug. 15, 1935 49 yes. Table Black Aug. 15, 1935 49 yes. Table Black Aug. 15, 1935 49 yes. Table Black Aug. 15, 1935 49 yes. Table Black Aug. 16, 1935 49 yes. Table Black Blac | 3 SE | X | | 5. DATE OF BIR | TH | | | | | | | |
| To BRITHPIACE (STATE OR FOREIGN COUNTRY) TO COUNTRY | F | emale | Black | | | the State of the S | MONTHS DAYS | HOURS MIN. | PRONOUNCE | | 2/23 | 16 |
| North Carolina U.S.A. WIDOWED DIMORCED Prince George's County III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Adelphi 1929 Red Oak Drive 1929 Red Oak Drive USUAL RESIDENCE (IF INNURSING HOME ORIOTHER INSTITUTION, ONE RESIDENCE REFORMER RESIDENCE RESIDENCE REFORMER RESIDENCE RESIDENCE REFORMER RESIDENCE REFORMER RESIDENCE REFORMER RESIDE | 70 E | IRTHPLACE (S | STATE OR | | | | HADDIED NO NIE | VED HADDIED [| 9. BALTIMORE | CITY OR C | | |
| 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 127. EXCHARGING, OMES PRESENDED ADDRESS) 1929 Red Oak Drive 1920 Red | 4 | | | II S A | | 300 | | | | e Geor | rge's C | ountv |
| Adelphi USUAL RESIDENCE (IF IN NUISING HOME CONTINUE INSTITUTION. GIVE RESIDENCE REFORE ADMASSION) 13a. STATE 13b. COUNTY Maryland Prince George's Adelphi 15. MOTHER'S MAIDE NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16b. SOCIAL SECURITY NO. 17. INFORMANT 18c. AUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MOMEDIATE CAUSE (a) 18c. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MOMEDIATE CAUSE (a) 18c. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MOMEDIATE CAUSE (a) 18c. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MOMEDIATE CAUSE (a) 18c. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MOMEDIATE CAUSE (a) 18c. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MOMEDIATE CAUSE (b) 18d. WAS DEADERS 18d. NOONE 18d. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MOMEDIATE CAUSE (a) 18d. SOCIAL SECURITY NO. 18d. NOONE 18d. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18d. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MOMEDIATE CAUSE (a) 18d. SOCIAL SECURITY NO. 18d. INSIDE (IV LIMITS) 19d. ON THE ONLY IN TH | | | | II. NAME OF | OSPITAL, NU | RSING HOME, | OR OTHER INSTITU | ITION 12a | USUAL OCCUPATI | ON (TYPE OF | WORK 126 KIN | D OF BUSIN |
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| Claude Claude | 14. F | | E | WIDDLE | | LAST | 15. MOTH | ER'S MAIDEN NA | ME | | | AST |
| 16b. SOCIAL SECURITY NO. 17. INFORMANT Adelphi, Maryland 20783 237-52-0261 Vernal F. Lyles, husband, 1929 Red Oak Display 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE IN BETWEEN ONSET AN INMEDIATE CAUSE (a). Metastatic carcinoma Maryland 20783 Adelphi, Maryland 20783 | 9 | Claude | | | Artis | | B1 | anche | | Sha | | |
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| 22a certify that took charge of the remains described above, held an Autapsy , Inspection , Inquiry X, and in my apinion | | death result | red fram Natu | ural causes X | Accident | L, Suic | de 🔲, Hami | cide Un | determined manne | r 🔲, | | |
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| 27a Certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry X , and in my apinian death resulted fram Natural causes X Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE DATE SIGNED 2/25/8 | 4 | EXAMINER'S | NAME TO | hm C Do | 0 | d D | | | | | | v.a |
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| death resulted fram. Natural causes X Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE | 230. | SPECIFY) | | | | | | | CITY OR TOWN | | COUNTY | STATE |
| death resulted fram Natural causes X Accident , Suicide , Hamicide Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE SIGNATURE EXAMINER NAME (TYPE OF PRINT) John S. Rogers, M.D. ADDRESS SILVER Spring, Montgomery, Md. 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 131 LOCATION COUNTY STATE | | Dur Id! | | reb. 2/, 1 | | | | I A | delphi. N | laryla | nd | |
| death resulted fram Natural causes X Accident , Suicide , Hamicide Undetermined manner , ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNED 2/25/8 EXAMINED NAME (TYPE OF PRINT) John S. Rogers, M.D. ADDRESS SILVER SPRINT, MONTGOMERY, Md. 730. BURIAL, CREMATION, REMOVAL 736 DATE (SIGNED SILVER) STATE SIGNED STATE SIGNED STATE SIGNED ACCIDENT STATE SIGNED STATE SIGNED ACCIDENT STATE SIGNED SILVER SI | | LINICOAL DIDE | | | 79 6 6 | 0 0 | a ATI | Mr. DATE SECT | DV DE COLORES OF THE | 14 7 1 A | HO | |
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| BALTIMORE, | S AFTER DEATH. IF GIVE PAGES 1, 2, ITH FORM PM 3. PAGES 1 AND 2 S MISION OF VITAL | | S. NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) |
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| - | EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: WITH THE | 100 | 27e. I certify that I took charge of the remains described above, held an Autopsy Inspection Inspection I that I took charge of the remains described above, held an Autopsy Inspection |
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| | TO MEDICAL EXAMI EXECUTE THE CERTIFI PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH WITH BALTIMORE, MARYL | | EXMINER'S NAME John S. Rogers. 1919 Seminary Road, Silver de la compression de la company de la comp |
| | FOSTER | 23a.B | DRIAL CREMATION, REMOVAL 236. DATE Feb. 6, 1985 Lutheran Ch. Cemetery. Burkettsville |
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E. Wilhelm Funeral Home

FOR - STATE

1 DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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ADDRESS Suitland, Md.

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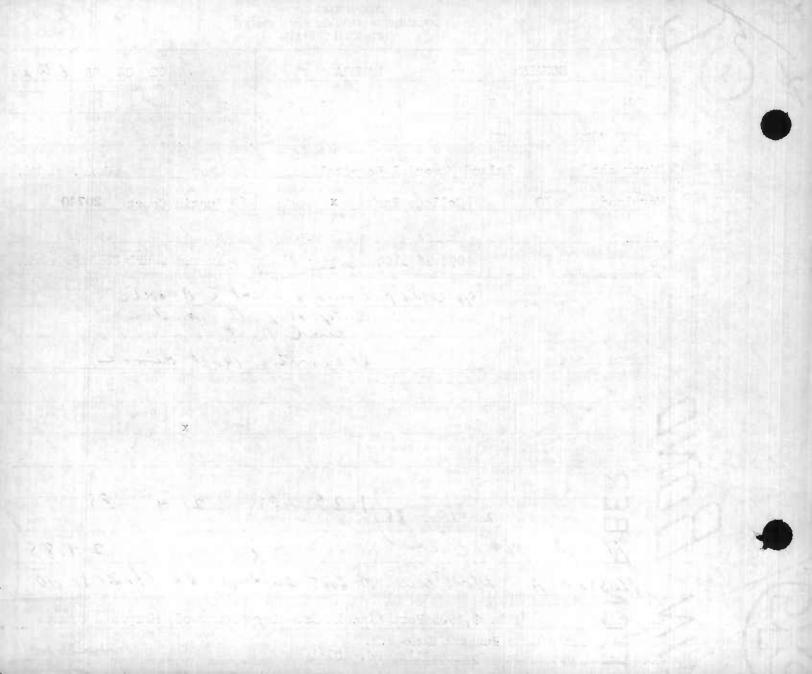
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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should be deta FUNERAL

ENDING

CERTIFICATION

WHILE

STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

| REG. N | NO. | 0/ | 00 | 30 |
|------------------|-------|-----|------|----------|
| 20 DATE OF DEATH | MONTH | DAY | YEAR | 2b. HOUR |
| | 2 | 25 | 85 | 135 |

INDUSTRY

| | | | | | | REG. | VO. | VV | 1 1 2 3 | | |
|--------------------|-------------------------|-------------------|------------------|------------------------------|---------|-------------------------|----------|--------|---------|----------|--------|
| 1. DECEASED NAME | FIRST | WIDDIE | LAST | | | 20 DATE OF DEATH | MONTH | DAY | YEAR | 2b. HOU | |
| | SAIDER, | S. | MAI | V5a | ray | | 2. | 25 | 85 | 130 | AM |
| 3. SEX | 4. RACE | | 5 DATE OF BI | RTH | - | 6. AGE (IN YEARS LAST B | HRTHDAY) | IF UND | ERTYEAR | IF UNDER | 24 HRS |
| | | | MONTH | DAY | YE AR | | | MONTHS | DAYS | HOURS | MIN. |
| Male | B1a | ack | 6 | 18 | 1946 | 39 | YRS. | | | | |
| BIRTHPLACE (STAT | TE OR FOREIGN 76 CITIZE | N OF WHAT COUN | MARRIED X | 8 9 BALTIMORE CITY OR COUNTY | | | | Y OF D | EATH | | |
| West Afri | .ca U. | S.A. | WIDOWED |] Dr | ORCED | P.G. | | | | | ME |
| IN CITY OF TOWN OF | FDEATH 11. NAM | E OF HOSPITAL, NI | URSING HOME OR O | THER INST | ITUTION | 120 USUAL OCCUPA | TION | 126 | KINDO | F BUSINE | ESS OR |

IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Tokoma Park Washington Adventist Hospital

13c CITY OR TOWN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)

1136 COUNTY

13a STATE

Unk. 13. STREET ADDRESS / 7JP CODE 134 INSIDE CITY HAITS? 3122 75th Ave. 20785 203 NO [

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Md. P.G. Landover YEX [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AUDDLE LAST FIRST FIRST MIDDLE Alfa Unk. Hawa Mansarav ADDRESS 66 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)

(YES, NO OR UNKNOWN) 3122 75th Ave. # 203 Unk. Valeria Mansarav APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Respinato IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which gove rise to immediate couse (a), stating the A CONSEQUENCE OF underlying couse Dilat PART 2 OTHER SIGNIFICANT

206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196: CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO F

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM ETC.)

21f LOCATION CITY OR TOWN

NOT WHILE Jan 22a I certify that (1) (this haspital) attended the deceased from Fe G 35, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated saw the deceased alive above, (1) (we) (did) (iew the body after death

DEGREE

22b. SIGNATURE Dung

22e ADDRESS

22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME LITYPE OR PA 0015

7600

CARROLL AUG TAR

23e BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) 3 - 12 - 85Birial

Church Cemetery Landoner, MD.

23d LOCATION CITY OF TOWN Sierra Leone

W. Africa

STATE

24 FUNERAL DIRECTOR

25a, DATE REC'D, BY REGISTRAR

ha Davidson-1

COUNTY

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

Jenkins Funeral Home 7474 Landover Rd.

MAR

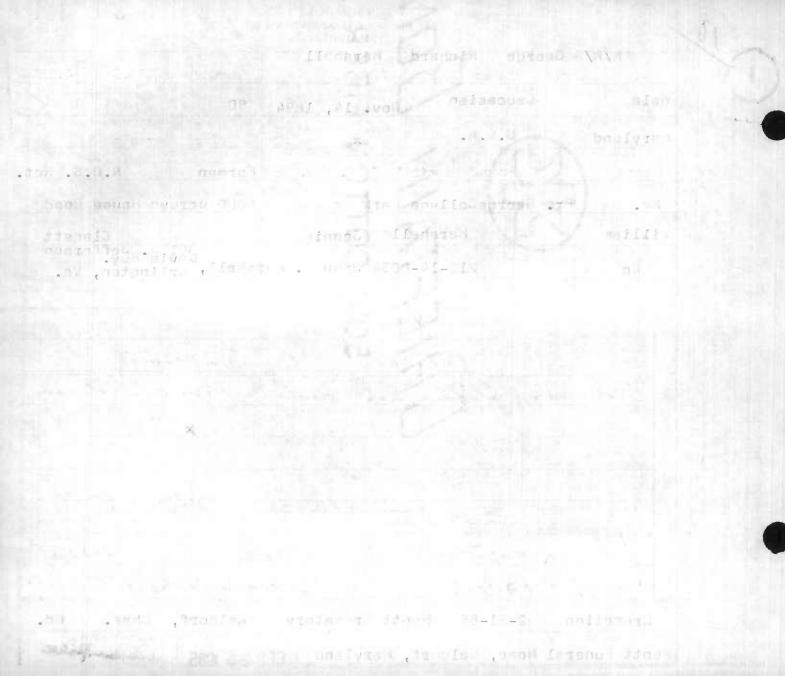


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAMEN / A FORDEDE Muchard Mershall 20. DATE OF DEATH MONTH 2b HOUR Richard Henry MARSHALL 20, 1985 4:25A M George February 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Male Caucasian MONTH 90 Nov. 14 1894 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Maryland Prince George's WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Doctors' Hospital of Pr. Geo. Co N. O. S. Ret Lanham Forman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 136 COUNTY 13c CITY OR TOWN 134. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Pr. Md. GeorgeCollege ParkyES X 4800 Berwyn House NO T 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME William MIDDLE MIDDIE Marshall Clagett Jennie 166 SOCIAL SECURITY NO. ·Hwy. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) John W. Marshall, Arlington. 212-14-0034 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per like the fol, (b) and (c) PART I. DEATH WAS CAUSED BY: Ordest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR A Urinon Ixact layer to underlying couse lost neumann NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART A OTHER SIGNIFICANT CONDITIONS Caroles Cordes Vos Calas CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on above, (I) (we) (did) (did not) view the body after death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS sveen wan Cealer de Gree beli 23c NAME OF CEMETERY OR CREMATORY Mariate 2-21-85 Cremation Huntt Crematory Waldorf. Chas. 24 FUNERAL DIRECTOR REGISTRAR 25b. REGISTRAR'S SIGNATURE

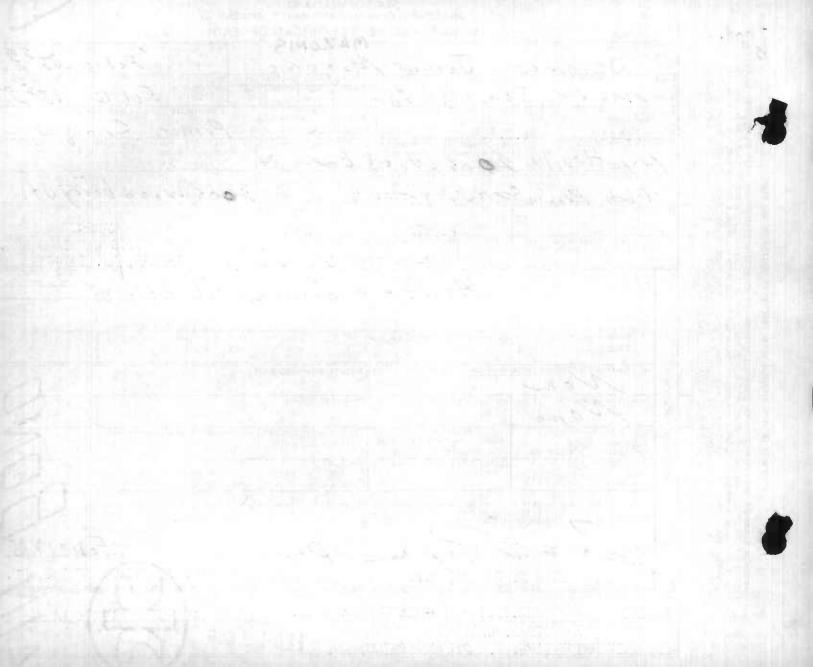
A Jando

Funeral Home, Waldorf, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

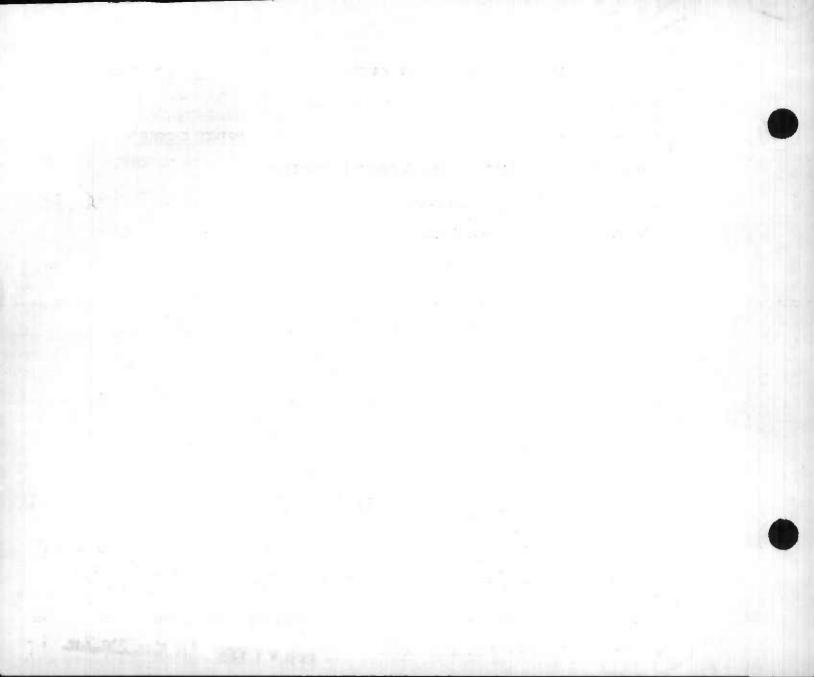


| | 1 | STATE OF MARYLAND | 1 2 |
|---|---------------|--|-----------------|
| - 1 | 1- | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 | |
| 7 1 | 1 55 | REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. RECEASED NAME FIRST MIDDLE MIDDLE MAIZONIS RED DATE KNOWN DY MONTH DAY MIDDLE RECEASED NAME REG. NO. | |
| 67 | | CEASED NAME FIRST MIDDLE PROTECTION OF ESTI- DEATH MATERIAL PLANTS OF ESTI- DEATH MATERIAL PLANTS DEATH MATERIAL PLANTS OF ESTI- DEATH MATERIAL PLANTS OF | EAR Th STORE |
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| PLEASE RECTOR. R FILES. HOURS | 3. SE | MANTH DAY YEAR LAST BIRTHDAY) HONTHY DAYS GOLDS I WIN PRONOLINGED | YEAR 2d. HOUR |
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| CESSARY VERAL DIS COR YOU VITHIN 72 RRESTON | | BIRTHPLACE (STATE OR 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEAT | TH . |
| NECESSA FUNERAL 5 FOR Y WAREST | | | C. D 40 |
| Z Z Z Z Z Z | 10 C | ITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (179E OF WORK 112). KIND | OF BUSINESS |
| O THE FLO O THE |) | IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] FOR MOST OF WORKING LIFE) OR INC | DUSTRY |
| Pos Res | USU | AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ALCOMOLINA (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ACCOUNTY STATEMENT OF THE CONTRACT OF THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | |
| 21201 ANY DEL AND 3 TO RETAIN BE COULD BE RECORDS | | STATE / 136 COUNTY 4 136 CITY OR TOWN - , 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / 20/8 | 2,54 |
| ZZ AN EDS | / | Mas Arrescondes Hyattovile VESTO NO 1 2006 Wood Derry | UEV |
| M TOWN | 14. F | ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST | |
| # 5803701 | E | FRANK MAZONIS EMMA KABESKY | |
| N N O P A A A A A A A A A A A A A A A A A A | | WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT DAUGHTER ADDRESS 7113 CIPRI | ANO SPR. |
| TAN TAN A | YE | the same that th | |
| M NO NO NO | T.Z.S | 19 CALISE OF DEATH (Fotor coly one coly one (a) (b) and (c) | XMATE INTERVAL |
| SE S | | PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). ACUT & End Chronic Sloch o lism | ONSET AND DEATH |
| O WEGER | | / DUE TO, OR AS A CONSEQUENCE OF | 4 4 1 |
| M NEW YEAR | | Canditians, if any, which | |
| A TINA NAME A STATE OF STATE O | | gove rise to immediate (b) | |
| NAME OF THE PERSON OF THE PERS | | lying couse lost. | |
| 2 2 2 2 2 2 | | (c) | |
| RECORDS TENDING MEDICAL MEDICA | z | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) | |
| SA A SEED BE | CERTIFICATION | 108 ma | |
| | 2 | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | OPSY? |
| WITAL SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW | I E | / one YES | □ NOA |
| SWEDE S | 8 | 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | |
| | 1 3 | CONTRIBUTING CAUSE OF DEATH P.M. 19 | |
| DIVISION S CERTIFIC BITING TH WOED TO E 3 SHOUL E DEPART | MEDICAL | 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY | STATE |
| SH CASS | 1 2 | WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY | STATE |
| H PAN | | | |
| #258#3 | | | |
| 書店県内 手号 | | death resulted from Notural causes Accident, Suicide, Hamicide | |
| BB38×3 | | TITLE (SPECIFY) | 0.00 |
| DICAL THE THE DEATH WORE, V | 4 | SIGNATURE SIGNED | 1783 |
| NO N | / | MINITIS NAME JOHN S. ROGERS. M.D. ADDRESS 1919 SEMINARY ROAD SILVER SPRI | ING. MD. |
| TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH | 6 | ADDRESS. | , |
| 524544 | | BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY | STATE |
| BP | | URIAL FEB. 15, 1985 ARLINGTON NATIONAL ARLINGTON VIRGINI | [A |
| DHMH - 17 | 24 F | FUNERAL DIRECTOR FRANCIS J. COLLINS NAME 1250. DATE RECO. BY REGISTRAY 250 REGISTRAY 2 | 6 |
| (VR A15 ME (5)) | 50 | 00 UNIVERSITY BLVD. W. SILVER SPRING. MD. FEB 1 9 1985 | 1 10 00 |



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

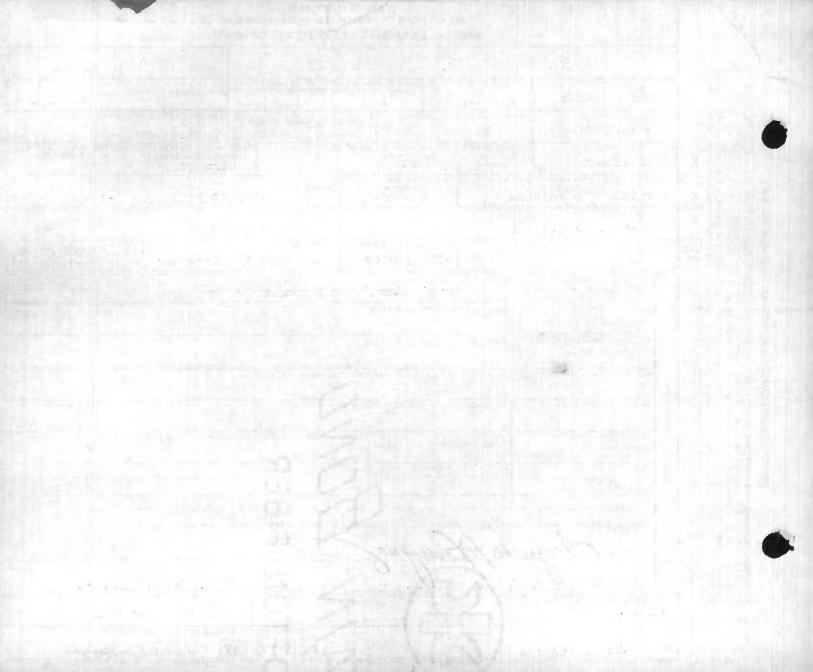
FOR



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN T DECEASED NAME 26. HOUR MONTH (TYPE OR PRINT) ESTI-FRANCES McCLOSKEY 05 M. DEATH MATED 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR 3 SEX IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Female White Aug. 31, 1903 05 , 85 5 a M 8 1 RS DEAD TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED New York USA WIDOWED X DIVORCED Prince Georges 0. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1240 Appleby Court FOR MOST OF WORKING LIFE) Upper Marlboro lawyer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. COUNTY
Virginia

Virginia

McLean Virginia 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 6800 Fleetwood Drive NO TE I FATHER'S NAME 15. MOTHER'S MAIDEN NAME Peter F. McAllister Margaret O'Shea ADDRES 12401 Appleby Ct. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 072-32-9742 A Margaret Ann Ferguson Upper Marlboro, Md 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO IX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN TO FUNERAL DIRECTOR: I AFTER DEATH, WITH THE S BACTIMORE, MARYLAND, 220. I certify that I taak charge of the remains described above, held on Autapsy Inspection Natural causes Y Suicide Hamicide ___ death resulted fram: Accident Undetermined monner TITLE (SPECIFY) Deputy 2/5/1985 MEDICAL EXAMINER EXAMINER'S NAME AFTER I BACTUM Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Temple Hills, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Clinton, Maryland Resurrection Cemeta Date REC'D. By REGISTRAR 256. REGISTRAR'S SIGNATURE burial 2/7/85 24. FUNERAL DIRECTOR ADDRESS 1102 W Broad St. Falls Church Funeral Home Falls Church, (VR A15 ME (5)) 20M 4/B2



FOR

STATE

REGISTRAR

IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGES COL MD 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret. Pressman 20782 LASALLE Elbrecht Dorothy C.Schulman - above address APPROXIMATE INTERVAL ca ITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE _, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated PHYSICIAN TO DIRECTOR TO PHYSICIAN I Cheltenham Prodes. Mais 24 FUNERAL DIRECTOR Nalley's Mt.Rainier. DHMH - 16 50M 4/B2 e Deviden-Handells Inc. Md. (VRA 15, 4)

STATE OF MARYLAND

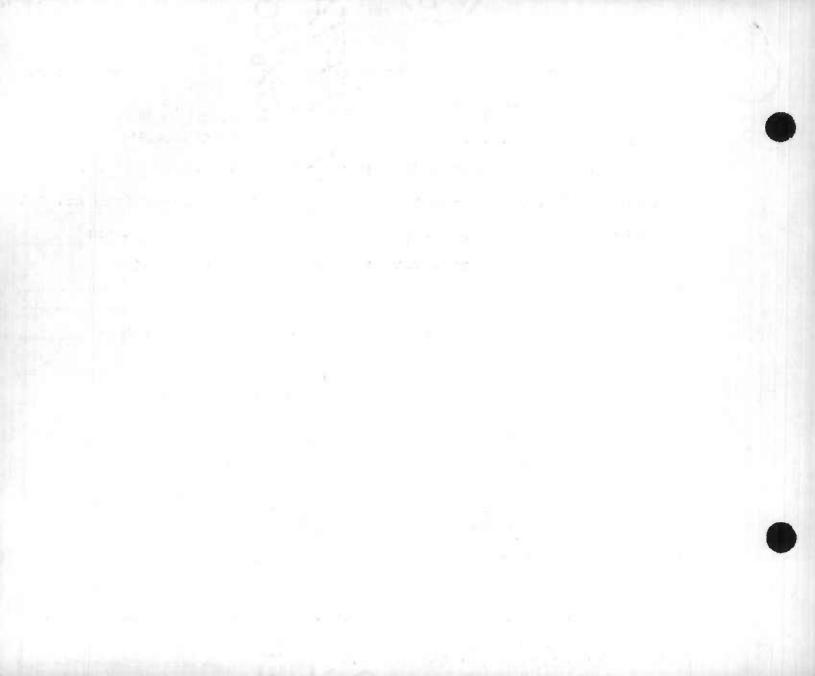
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

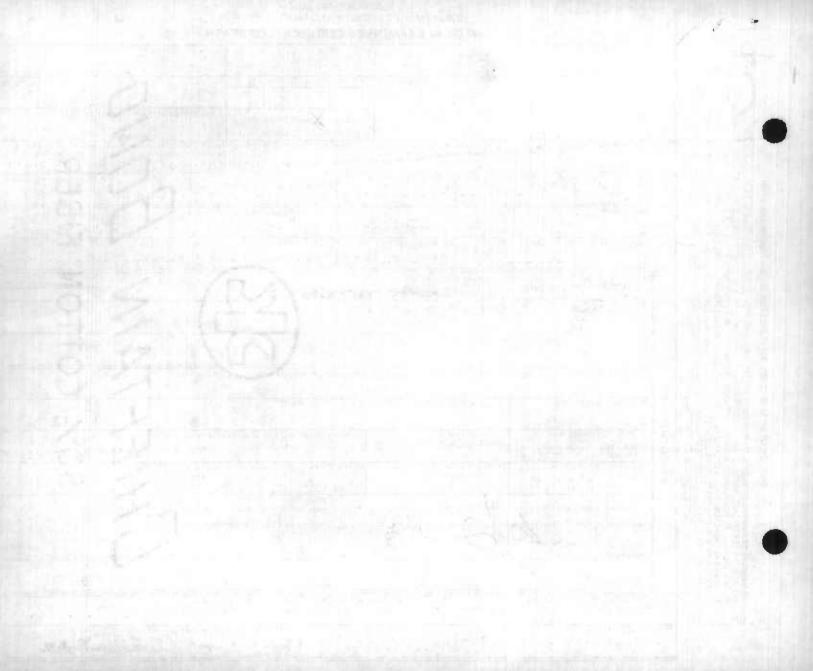
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| | ۱ - | FOR STATE REGISTRAR | | | DEPA | | EALTH AND MENTAL HY ICATE OF DEATH | | REG. NO. | | | | |
|------|---------------|---|-------------|----------------------------|--------------------|-------------------|------------------------------------|---------------------|-----------------------------|-------------------|----------------|------------|---------|
| | | EASED NAME | FIRST | | MIDDLE | ı | AST | 2a. DATE OF DE | HIMOM HTA | DAY | YEAR | 26. HOL | JR |
| T, | TPE | OK PRINT) | RUTH | | L. | MC D | ONOUGH | | 02 | -09- | 85 | 11: | 22PM |
| 3. | SEX | | | 4. RACE | | 5. DATE C | | 6 AGE INYEAR | | | INDER I YEAR | IF UNDER | 24 HRS |
| 03 | F | emale | | Cauca | sian | A X | far 5 1905 | | 79 y | RS | lus bars | Ouks | Mins. |
| 70 | | THPLACE (STATEOR | FOREIGN | 76. CITIZEN OF | WHAT COUNT | RY? 8 | NEVER MARRIED | 9. BALTIMORE | CITY OR COU | INTY OF | DEATH | | |
| 3 | | lorida | | U.S. | Α. | WIDOWE | | PRINC | E GEOR | GE'S | | | MD. |
| 10 | CII | Y OR TOWN OF DE | ATH | (IF NOT IN SUC | HEACILITY GIVES | TREET ADDRESS) | R OTHER INSTITUTION | 17a USUAL OC | LUPATION R MOST OF WORKE | NG LIFET | 128. KIND O | | ESSOR |
| | - | CHEVERLY | | | | | ERAL HOSPITAL | Hous | sewife | | Ho | me | |
| }0 | a. S | L RESIDENCE (IF NUR | 13b. COUR | VIY | 134 CITY OR | NWO | 134 INSIDE CITY LIMITS? | 13. STREET ADD | RESS / ZIP C | ODE . | | т . | 207 |
| | - | ryland | P. | G. | Laure | e 1 | YES NO X | | Silve | rbı | rch . | La. | 207 |
| 14 | .FA | THER'S NAME | | MIDDLE | Macel | | 15. MOTHER'S MAIDEN NA | | NDDLE | 0 | oons | ST. | |
| | | Elmo | | | | | | | ADDRESS | C | oons | | |
| 16 | | AS DECEASED EVER (S. NO OR UNKNOWN) | IN U.S. AR | MED FORCES? WAR OR DATES) | | SECURITY NO. | 17. INFORMANT | | | #12 | 0 | | |
| | N | | | | | 74–796 | Ed Humphi | .ey Sai | ne as | #T.2 | | | Borra . |
| | ١ | PART I. DEATH V | H (Enter or | nly one couse per | line for (a), (b | , and (c). P | constates. | Es. | n | | BETWEEN | MATE INTE | DEATH |
| | -1 | | IMMEDIA | TE CAUSE (b) | | M | spiratory | Far | ZUNO | | | | |
| l | -1 | | | DUE TO, O | R AS A CONSE | | 00/201 | 1. 0. | Page 1 | 0 | | | |
| ı | -1 | Conditions, if any gove rise to im | | (b)_ | | CHTONE | c obstruc | nue vu | 1407 | avu | \sim | | |
| | - 1 | couse (a), stati | ng the | DUE TO, O | r as a conse | QUENCE OF | | | | | | | |
| | ١ | DARK O CYUER CIC | LIE (CALIT | (c) | ON IT DID LITTLE C | TO DE ATU BUT | NOT BELLATED TO THE TER | MINIAL DISEASE C | D.COMPITION | . C D / E b l | DIDART I | | |
| 1 | 2 | PART 2 OTHER SIG | NIFICANT | CONDITIONS CO | JNIKIBUTING | DO MA | NOT RELATED TO THE TER | MINAL DISEASE C | as Peris | GIVEN | IN FARE II | a · | |
| 1 | CEKTIFICATION | 190 DATE OF OPERA | TION | 19b. COND | ITION FOR WE | HICH OPERATIO | N WAS PERFORMED | 20a AUTOPS | | | ERE FINDI | | |
| 1 | = | | | | | | | YES N | O INC | ERTIFYIN YES [| IG CAUSES T | OF DEA | |
| | X L | 21a. ACCIDENT WAS UN | DERLYING [| 216. TIME C | F INJURY | | 21c. HOW INJURY OCCU | | | - | | - | |
| | _ | OR CONTRIBUTING | | | M. MONTH | DAY YEAR | | | | | | | |
| 2000 | MEDICAL | 21d. INJURY OCCUR | | 21e. PLACE | OF INJURY | | 211 LOCATION | | ITY OR TOWN | - | COUNTY | | STATE |
| | ξ | WHILE NOTW | HILE DRK | { AT HOME, ST | REET, FACTORY, OF | FICE, FARM, ETC.) | ZIMEEL | | / | | ~ | - | JIAIC |
| | | 22a.1 certify that (I | | ital) attended th | e deceased fr | om | 9/8 198 | 10 | 4/5 | , 19. | 00 | that (I) (| we) ost |
| | | saw the decease | ed olive on | wew the bady | htter death | 19_01 | d that in (my (our) opinion | death occurred a | n the date and | havi ar | nd fram the | causes st | ated |
| | | 226 SIGNATURE | 7 | / | 1 | | DEGREE | | | | 22c. DATE | SIGNED | |
| ı | | 14 | No | -hal | Bao | 1 | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF PHYSICIAN [| | 22c. DATE | 0/8 | -5 |
| 1 | | 224 PHYSICIAI | AME (TIPE) | R PRINT) | | , | 77e ADDRESS | 4 | 1: | | 1.0 | 1 2 | 117 |
| l. | | DAVI | 0 | Joh. | ach te | | 115 Cen | forway | on | en | Dell | re | v |
| 23 | a B | JRIAL, CREMATION | REMOVAL | 236 DATE | /05 | 73c. NAME OF C | EMETERY OR CREMATORY | 23d. LOO ATK | | 77. | ONIV | 34.5 | STATE |
| | | PEC PEC | | 2/11 | | | Wash. Cre | | | | Gui. | Md | • |
| 24 | FU | NERAL DIRECTOR 501 Sand | FLEC | K FUNE | RAI, HO | ME TNO | 25a. DA | TE REC'D. BY REG | ISTRAR 256. RE | GISTRA | R'S SIGNAT | URE | |
| L | 7 | 501 Sand | ly Sp | oring F | d. La | urel M | d. FE | B 1 4 19 | 85 | Jan | down A | andal | 2 |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MON1H 26 HOUR (TYPE OR PRINT) OF ESTI-Michael EDWARD McKenna 2/ 12/ 1085 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. HOUR 1:30 A M IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 12,1953 31 YRS DEAD male white 19 85 May A BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY DIVORCED [Prince George's County, WIDOWED Bluefield W. Va 126 KIND OF BUSINESS ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Prince George's General Hospital Cheverly mechanic metro rail USUAL RESIDENCE (IF IN NURSID HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) THE COUNTY 13d INSIDE CITY LIMITS? 113e STREET ADDRESS 113c CITY OR TOWN Queen Anne Stevensville YES -Md. NO IT 202 Alleghany 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hugh Edward McKenna Ethel Viola Jenkins TAL SOCIAL SECURITY NO. 17. INFORMANT Ida WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 217-58-4622 Jacklyn Marie McKenna same as CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BE USED AS A BURIAL - TRANSIT PERMIT. NT OF HEALTH AND MENTAL HYGIENE, D. BURIAL, CREMATION PART I DEATH WAS CAUSED BY Cranio-cerebral Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X NO T PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BAFTIMORE, MARYLAND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING NOR subject working on train wheel when it fell CONTRIBUTING CAUSE OF DEATH 1:30xx 210 PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WORK New Carrollton, Prince Georges, Md metro station 220 I certify that I took charge of the remains described above, held an Inquiry Accident W.X. Suicide Hamicide death resulted fram. Undetermined manner Natural TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER DATE 3/12/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Davidsonville A.A. 2/15/85 Lakemont Cemetery 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Hardesty Funeral Home Ann. **DHMH - 17** (VR A15 ME (51)



| or of Sec | | SED NAME | FIRST Freddi | | | illa | LAST | 20 DATE KN OF DEATH M | REG. NO. NOWN MONTH ESTI- AATED 2 - | DAY YEAR 26. HC |
|---|-----------------|---------------------------------|-----------------------------|----------------------|--|----------|---|-----------------------------|--------------------------------------|--------------------|
| ON STA | Mo | Le B | ack | MONTH DAY | 35 SOY | | S DAYS HOURS | MIN PRONOUNCE DEAD | ED 3-/7 | 2 19 85/1/ |
| 5551 | FOREK | D D | .C. | U.S. | A. | WIDOW | ED DIVORCE | Princ | e George | 's |
| RETAIN PAGE HOULD BE FILED RECORDS, 201 W | Ch | everly | | Prince (1 | SPITAL, NURSING HOMI ACILITY, GIVE STREET ADDRESS! LONGES (1 | neva, | P Hapila | FOR MOST OF WORKIN Unemplo | IG LIFE) | None |
| | SUAL F | | 136 COUNTY | P.G. | Seat Pleas | sant | 13d INSIDE CITY LIMITS? YES NO F | 513 Ced | arleaf A | 70'14's |
| N. | - | ER'S NAME FIRST | | MIDDLE | McMillan | | 15. MOTHER'S MAIDER BESSIE | NAME | W111 | 1ans |
| 1 | 60. WA (YES, | DECEASED EVE | (IF YES, GIVE WA | | Unknown | Y NO. | 17. INFORMANT Isabelle | | ADDRESS | 13 above |
| DEPARTMENT OF HEALTH AND A 1 PRIOR TO BURIAL, CREMATION | | Cenal DATE OF OPER | NI CONDITIONS CON Fulure | 196 LEND | BUT NOT RELATED TO THE TERM | MONW | asud netes as performed? | , Chron | u obstur | 20 (U)OPSY? YES NO |
| 4 | MEDICAL C | | OR CAUSE OF DE | ATH P.A 21e PLACE | M. MONTH DAY YEA | 211. LOC | W INJURY OCCURRED ATION REET | (ENTER NATURE OF INJUR | | |
| AIAD, Z | | death resulted fra | | 8 | scribed abave, held an Accident . Su | Autaps | y , Inspection Hamicide . TITLE (SPECIFY) Deputy | Undetermined mann | DATE | 7-12-8 |
| PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR. AFTER DEATH, WITH THE BALTIMORE, MARYLAND | 5 | (AMINER'S NAMI YPE OR PRINT) | Augusto 1 | P. Rodrig | ez, 160. | A | 5009 Rayburr | Ct., TemBle | Hills, Md. | Billing |

Trestate I Make the a second to the second 'egroed control .A.S.G .O.G .d. P.G. Jest Fleacent E 513 Cederles Fre. E. Modillan Bassie Williams BATEL Unknown Issbelle Miers-Jame as # 13 above King & law Later South Very War and Chine or State Later

FOR - STATE

HELEN

Caucasian

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

RUTH

REGISTRAR

Female

Oklahoma

TO BIRTHPLACE (STATE OR FOREIGN

DECEASED NAME

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

May

WIDOWED

MICHAELS

MARRIED X NEVER MARRIED

1910

| | REG. NO. | | | | |
|---|--------------------------------|---------|--------|------------|--------|
| | 20 DATE OF DEATH MONTH | DAY | YEAR | 2b HOU | R |
| | FEBRUARY 6, 19 | 85 | | 2:0 | 5p ^ |
| | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
|) | 74 YRS | MONTHS | DATS | HOURS | MIN. |
| | 9 BALTIMORE CITY OR COUNT | Y OF DE | ATH | | |
| | PRINCE GEORGE' | s CO | UNTY | | ME |
| | 12ª LISTIAL OCCUPATION | 12h | VINIDO | E RIISINIE | SS OP |

| LANHAM | (IF NOT IN SUC | HACILITY, GIVE STREET ADDRESS! HOSPITAL of | | TS OF WORK FOR MOST OF W | Auction | | |
|--|----------------------|---|-------------------------|--------------------------|---------|-----|------|
| JSUAL RESIDENCE (IF NURS 30 STATE laryland | | GIVE RESIDENCE BEFORE ADMISSION) 13(. FITY OR TOWN Laurel | 13d INSIDE CITY LIMITS? | 130 DOH APPRESS / M | leade | Rd. | 2070 |
| Joseph | WIDDLE | McCütchan | Grace | WE | | Sha | ńks |
| WAS DECEASED EVER | (IF YES NEED FORCES? | 166 SOCIAL SECURITY NO. 443-03-4470 | Granville | Michaels | | as | #13e |

| PART I. DEATH WAS CAUSED | CAUSE (a) Can curema of Laryon, and Continue may |
|--|---|
| Canditions, if ony, which | DUE TO, OR AS A CONSEQUENCE OF Colon with Mctastases. |
| gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF |

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

| TIFIC | | | | YES NO | YES [| NO [| |
|-------------|---|--|------------------------|----------------------------|--------------------------------|---------------------|--|
| MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | P.M. 19 | 21¢ HOW INJURY OCCURR | RED (ENTER NATURE OF INJUR | Y IN (TEM 18 PART) OR PART 2) | | |
| | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 218 PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM ETC.) | 211 LOCATION STREET | CITY OR TOWN COUNTY | | | |
| | 22a L cartify that (I) (this bosoutal) | attended the decerted from 2 · 7 | 1086 | 2.4. | 10.85 | About the formal la | |

and that in (my) (our) apinian death accurred an the date and have and from the causes stated nat) view the bady after death DEGREE M.D ATTENDING MEDICAL

PHYSICIAN | DIRECTOR | PHYSICIAN 22e. ADDRESS 224 PHYSICIAN'S MAME (TYPE OR PRINT)

| M. YUSUF | | 3450 Fort Moade Road | Aury |
|--|---------------------|---|--------|
| Bo. BURIAL, CREMATION, REMOVAL SPECIF Burial | 23b. DATE 2/9/85 | 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CHYOR TOWN Meadowrides MED PK BAHLOGES | COUNTY |

DHMH - 16 60M 7/84 7601 SANDY SPRING Rd. LAUREL MD

190 DATE OF OPERATION

Meadowridge MEM PK BAHIMORE

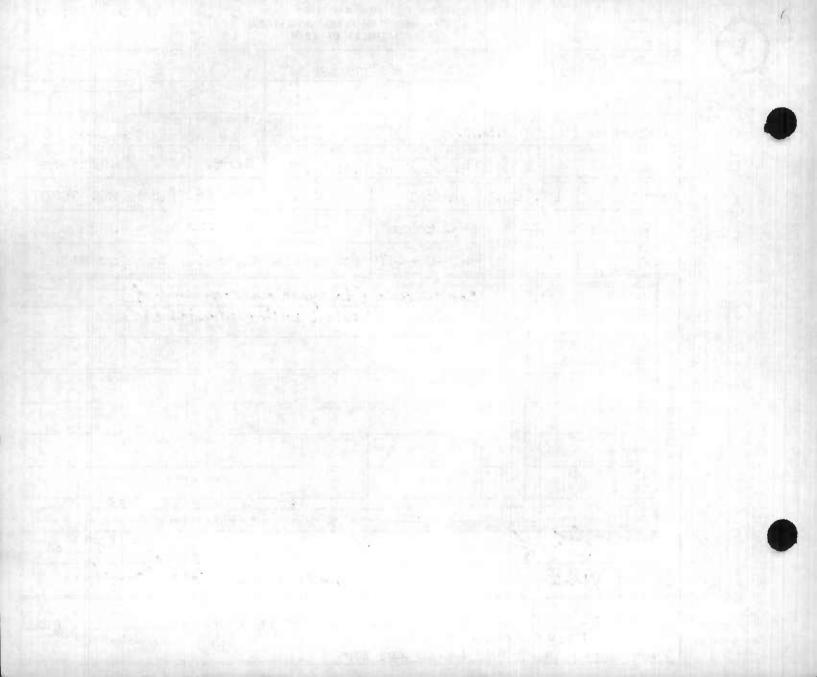
INC. 250. DATE REC D. BY REGISTRAN 256 REGISTRAN SIGNAMENTAL TO THE PROPERTY OF T

STATE

206 IF YES, WERE FINDINGS USED

24 FUNERAL DIRECTOR FIECK FUNERAL HOME INC .

(VRA 15, 4)



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| DIVISION OF VITAL RECORDS, COL W. PRESTON ST., PARTIMORE, MARTING 2120 | ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter d |
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| 5 | ENDING PHYSICIAN: The |
| 2 | 0 |
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| | Z - |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Gulia Davidson

| FOR STATE REGISTRAR | | DEPARTM | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE REG. N | , | 0 | O | *** | • | |
|--|----------------|---------------------------------------|-------------------|--|---|-------------------|------------|------------|------------|---|--|
| 1 DECEASED NAME FIRST | | MIDDLE | | AST | 20. DATE OF DEATH | MONTH | DAY | YEAR | 2b. HOU | JR | |
| (TYPE OR PRINT) | ARLIE | М | 1 | MILLER | | 02 | 23 | 85 | 8:25 | 5 PM | |
| 3. SEX Female | 4 RACE Wh | ite | S. DATE C | | 6 AGE (IN YEARS LAST BIR | RTHDAY) | MONTHS | DAYS | IF UNDER | MIN. | |
| To. BIRTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 8 | * | YRS YRS 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | | |
| Missouri | U.S.A | | WIDOWE | | PRINCE | | | | | MD. | |
| 10. CITY OR TOWN OF DEATH CHEVERLY | (IF NOT IN SUC | ICE GEORGE | E'S GE | ENERAL HOSP | 12a. USUAL OCCUPAT ITYPE OF WORK FOR MOST O Housewife | OF WORKING | | DUSTRY | Home | | |
| USUAL RESIDENCE (IF NURSING HOME OF 13th COL | P.G. | Hyartsvi | | 134 INSIDE CITY LIMITS? | 1345057 793EE | ÆV en | lte | 2078 | 34 | | |
| FATHER'S NAME Andrew | MIDDLE F. | Johnso | n | 15. MOTHER'S MAIDEN NAM Grace | WE | 0.03 | | Eldï | idge | 2 | |
| 16a WAS DECEASED EVER IN U.S. A | RMED FORCES? | 16h SOCIAL SECU 453-24-6 | | Brice Miller | (Husband) | | ne as | s 13e | 2 | | |
| 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | ATE CAUSE (0) | line far (o), (b), and | 1 000 | giongent e | | | | | MATE INTEL | | |
| Conditions, if any, which | | 4 g ran | | intrum a | Ilm per | -+ | | SYRS | | | |
| couse (a), stating the underlying cause last | DUE TO, O | R AS A CONSEQUE | DNSEQUENCE OF | | | | | 12 July 21 | | | |
| PART 2. OTHER SIGNIFICANT | CONDITIONS C | ONTRIBUTIN | DEA <u>TH</u> BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION | GIVEN IN | PART IT | ō | | |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? YES NO NO | | | | OF DEAT | TH? | |
| OR CONTRIBUTION OF CAUSE OF D | HOUR A | DE INJURY M. MONTH DA M. | AY YEAR | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF INJU | JRY IN ITEM 1 | B PART I O | R PART 2) | | | |
| THE ETHER NOTIFY MEDICAL EXAMIN 21d. IN JÜRY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC) | 211. LOCATION STREET | CITY OR TO | NWO | C | OUNTY | | STATE | |
| 22a 1 certify that (1) (this has sow the deceased alive a abave, (1) (we) (did) (did a | 2-73 | 19 8 | 5.5.0 | nd that in (my) (aur) apinian | to 2 - 2 death occurred an the d | 3 — late and h | | | | | |
| 276 SIGNATURE | Brie | Amis | | | MEDICAL STA | FF CIAN [] | 1 | 2 /2 | SIGNED | *************************************** | |
| MAHMU | | 14 BB | 16 | 3434 FW | t much (| W. | La | ~~ | e, n | bo | |
| 230 BURIAL, CREMATION, REMOVA SPECIFY Burial | 2/27/ | | | emetery or crematory incoln Cemeter | 23d. LOCATION CITY OR TOWN Brentwoo | od | P.C | Air I | Mary | land | |

DHMH - 16 50M 4/83 (VRA 15, 4)

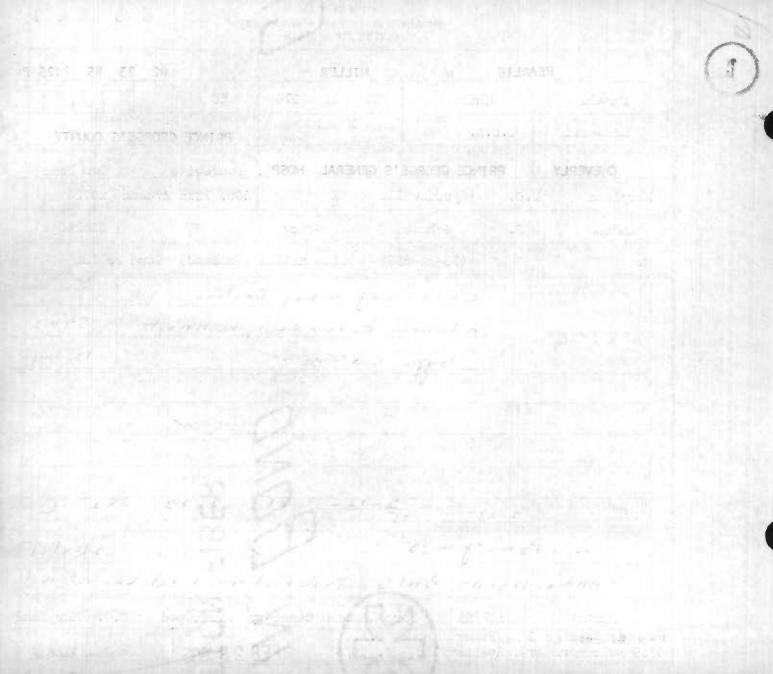
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and eshould be detached for use as the buriol-transit permit. Then please remove carbon-popers. Pages with the State Dept. of Health and Mental Hyallim this to buriol, cremation, or removal.

ury, ar ather troumotic

IMPORTANT: If Item 21 is

Francis Gasch's Sons Funeral Home, P.A.

4739 Baltimore Ave. Hyattsville, Md. 20781



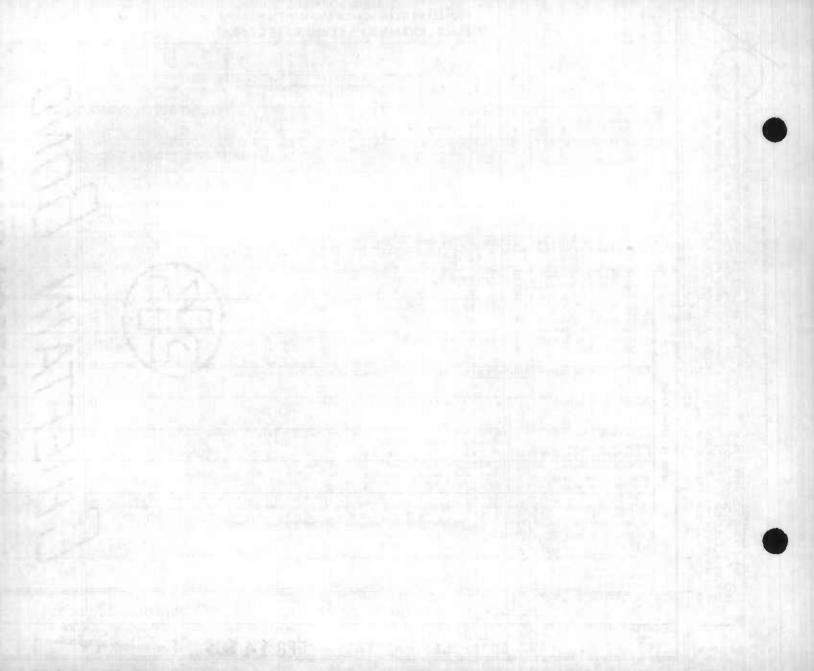
| | 10 | 11- | $\frac{18-22a}{6}$ $\frac{4}{2}$ | 85 mt DEPART | MENT OF HEALTH | HARYLAND HAND MENTAL H | YGIENE D 0 6 | 0 4 2 |
|----|--|---------------|--|---|-----------------------------|------------------------------|---|--|
| | 0 / | | REGISTRAR | MEDICAL | EXAMINER'S | CERTIFICATE O | FDEATH REG. NO. | |
| | XX | | OR PRINT) | WIDDLE | | LAST | 20. DATE KNOWN MOI | 4.4 |
| | (X8.824) | 2.05 | MICHAEL 14 RACE S D | | | ILNER | DEATH MATED X 2 | 14 ₁₉ 85 _M |
| + | THE THE | 3 SE | | ATE OF BIRTH | 6. AGE (IN YEARS IF UN | NDER 1 YR. IF UNDER | MIN PRONOUNCED | 15 19 85 A M |
| 1 | A A A A A A A A A A A A A A A A A A A | | ale White | 30 1953 | 31 YRS. | | DEAD 2 | |
| | T MESS | | RTHPLACE (STATE OR 7b. (| CITIZEN OF WHAT COU | MARR | IED NEVER MARRI | BALTIMORE CITY OR CO | |
| 10 | N S S S S S S S S S S S S S S S S S S S | Ma | ssachusetts | U. S. A. | | VED DIVORCI | | |
| | IL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEAY IS IT "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 31 OTHER FR WEDIOLAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE ED AS A BURIAL - TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED HEATH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201W AL, CREMATION, OR REMOVAL. | K | aurel | 1F NOT IN SUCH FACILITY, GIVE | STREET ACDRESS1 | TER INSTITUTION | Pharmactst | OR INDUSTRY Pharmacy |
| | ANN ANN OF DEPTH | UŚU. | ATE IN NURSING HOME OR OTH | ER INSTITUTION, GIVE RESIDENCE | | 113d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | 20108 |
| | AND SHOULE RECO | 5 N | aryland Prince | | aurel | YES NO X | 9003 Co | ontee Road |
| | . MG | 14. F | THER'S NAME FIRST MID | DLE | LAST | 15. MOTHER'S MAIDE | | LAST |
| | DEA DEA OF V | 10 | | | Milner | Lillia | | Cascia |
| | BALTIMORE, MD. S. AFTER DEATH. II. GIVE PAGES 1, 2, THH FORM PM 3. PAGES 1 AND 2 S IVISION OF VITAL | 100 | AS DECEASED EVER IN U.S. ARMED I S, NO, OR UNKNOWN) (IF YES, GIVE WAR O | R DATES] | CIAL SECURITY NO. | | | Briggs Ave. |
| | S AU GIV ITH PAC IVIS | | No | | 8-46-2929 | Peter C. M | ilner Pocasset | Massachusetts |
| | ST., OUR C W MIT. | 100 | 18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY: | couse per line for (o), (to Narco | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | ON IDEA ION ION ION ION ION ION ION | | IMMEDIATE CA | DUE TO, OR AS A CO | | | | |
| | HIN HEN HEN HEN HEN HEN HEN HEN HEN HEN HE | - | Canditions, if any, which | DUE TO, OR AS A CO | NSEQUENCE OF | | | |
| | WITH WITH WITH WITH WITH WITH WITH WITH | 199 | gove rise to immediate couse (o) stating the under- | (b) DUE TO, OR AS A CO | NICEOUENICE OF | | | |
| | MED WEN | | lying couse last. | DUE TO, OR AS A CO | 14SEGUENCE OF | | | |
| | SUR! | | PART 2 OTNER SIGNIFICANT CONDITIONS CONTR | RUTING TO DEATH BUT NOT DEL | ATED TO THE TERMINAL DISTAS | S OR COUNTION CHIEF IN BAR | 11. | |
| | RECORDS, 201 W. PRESTON ST DD BE EXECUTED WITHIN 24 HOV PENDING" IN PENCIL IN ITEM 1 MEDICAL EXAMINER ALONG D AS A BURIAL - TRANSIT PERMI FEATH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. | NO | | DOTALD TO SEAL OF HOT REL | ALLO TO THE TERMINAL DISEAS | E OR COMMITTION GIVEN IN PAR | 1110 | |
| | CERTIFICATE SHOULD SERVING THE WORD "PER REA SHOULD BE USED A E 3 SHOULD BE USED A E 10 PRIOR TO BURL, C | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATION W | AS PERFORMED? | | 20 AUTOPSY? |
| | MITAL SHOUL ORD "I CHIEF EUSE TOF H | / ¥ | | Ethings in | | | | YES NO |
| | DIVISION OF VITAL RITING THE WORD, REDED TO THE CHEE ES 3 SHOULD BE USE E DEPARTMENT OF H | 2 8 | 210 EXTERNAL CAUSE WAS | 216. TIME OF INJURY HOUR A.M. MONTH | L DAY YEAR 216 H | OW INJURY OCCURRED | LENTER NATURE OF INJURY IN ITEM 18 PART 1 | |
| | ON THE COLOR | 7 3 | UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | P.M. | 19 | | | |
| | VISI CERT TINC SED 3 S.F. DEP | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJUR'STREET, FACTORY, FARM, | | CATION | CITY OR TOWN | COUNTY STATE |
| | WRI WRI ARE AGE | 1 | WHILE NOT WHILE AT WORK | | | | | JIAIC |
| | TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAREMENT OF THE STA | | 22a. I certify that I took charge of t | he remains described ab | ave, held an Autap | sy X Inspection | . Inquiry . ond in m | y apinian |
| | A PER | | death resulted fram: Notural co | uses , Accident | | , Homicide . | Undetermined manner | |
| | ERT FERT WITH WARN | | A | 00 | | TITLE (SPECIFY) | | |
| | AHOUGH A | - | ACTUAL SIGNATURE | LAVIN | N | Assistant | MEDICAL EXAMINER SK | ATE 2-15-85 |
| | EDIC A SI MOR | 2 | EXAMINER'S NAME TO ME | 2: 1 | | 111 5 | Ob D-16- 1 | 43 01001 |
| | XECUM VAFTER VAFTER | | (TYPE OR PRINT) AIIII M. | Dixon, M.D | | ADDRESS | enn St., Balto., N | Ma. 21201 |
| | 53.45.48.45.48.45.48.45.48.45.48.45.45.45.45.45.45.45.45.45.45.45.45.45. | 23e.B | RIAL, CREMATION, REMOVAL 236 DA | | NAME OF CEMETERY C | | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| | 7/84 BP/ 044 | 24 5 | Burial : | 2-19-85 | Pocasset Ce | | Pocasset, Barnsta | |
| | DHMH - 17 | | arzullo Funeral S | ervice Rei | sterstown M | 250 PEB | 1985 STREETS PAR 136 REGISTRAN | SSIGNATURE |
| | (VR A15 ME (5)) | | | | | FEB | 1 9 1005 1 . F | |
| | | | | | | | | oon-gandele |

Total total With the later to the control of the

STATE OF MARYLAND RIMENT OF HEALTH AND MENTAL HYGIÉ STATE REGISTRAR REG. NO MURIEL DECEASED NAME 20. DATE KNOWN A MONTH 2b HOUR CTYPE CREMENTS DEATH MATED 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD W BIRTHPLACE ISTANCE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX POREIGN COUNTRY WIDOWED DIVORCED NEW YORK U.S.A. PRINCE GEORGES 0 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS CLINTON RETIRED SUPERINTENDANT DEPT SANTTATION NEW YORK CITY 1138 COUNTY 13c. CITY OF TOWN 13d. INSIDE CITY LIMITS? BROWARD POMAPNO BEACH NO [2530 N.E. 8th Ave. 33064 15. MOTHER'S MAIDEN NAME MIDDLE LAST FREST JAME MINER ANNA MORGAN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 099-32-9848 Eugene F. Dolan 3912 21st Ave. Hillcrest Heights, Maryland 20748 PROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for [a], [b], and [c], PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Thovaer - moon) Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 2B AUTOPSY? YES 🗌 TIE EXTERNAL CAU 216 TIME OF INJURY 16 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DE TIE PLACE OF INJURY (AT HOME WHILE AT WORK 27a I certify that I took charge of the remains described above, held an Inspection Accident Hamicide Undetermined monner TITLE (SPECIFY) DATE SIGNED 2 -/1-85 Deputy MEDICAL EXAMINER Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Temple Hills, Md (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 731 NAME OF CEMETERY OR CREMATORY BURTAL OUEEN OF HEAVEN CEMETERY POMPANO BEACH BROWARD CO. FLA 14 FUNERAL DIRECTOR Lee Funeral Home Inc. 6633 Old Alexander Ferry Road Clinton, Maryland 20735 (VR A15 ME (5)) 20M 4/82

The total state of the same of market Square Now 12 House The street stage of the tender of the tender of 184) markey from the summer the first the the property of the contract of the contract of

| 1 #1 | FOR - STATE REGISTRAR | STATE OF A DEPARTMENT OF HEALTH MEDICAL EXAMINER'S C | AND MENTAL HYGIENE 3 | 0 4 4 |
|--|---|--|--|---|
| 2000 | DECEASED NAME FRST TYPE OR PRINT! Ida | WIDDLE | 20 DATE KNOWN X) MI | ONTH DAY YEAR 26 HOUR 2/ 5/19 85 |
| S S S S S S S S S S S S S S S S S S S | | RTH 6 AGE (IN YEARS IF UN SAINT HONE) AGE (IN YEARS IF UN MONT) YRS. | ADER 1 YR. IF UNDER 24 HRS. 24. DATE MC HS DAYS HOURS MIN PRONOUNCED DEAD | 2/ 5/1985 P M |
| S FOR | WASHINGTON, D.C. | U.S.A. MARR WIDOW | TELLICE COLUM | e's County, MD |
| PELAY 33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | Cheverly Prince UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION | CHEACHITY, GIVE STREET ADDRESS) Conge's General ON, GIVE RESIDENCE BEFORE ADMISSION) | Hospital MANAGER CONVI | ence stoke |
| MD, 2120 H. III ANY 1.2. AND 2.5 H-DUI MADRECO | ATRILAND ANNEWARUNDE | | 134 INSIDECITY LIMITS? YES NO D THE STREET OP REWOOD R | |
| H SECTION | JOHN M. MIDDLE M. MODELE M. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. M. DIKNOWN) (IF YES, GIVE WAR OR DATES) | WELCH LAST 166. SOCIAL SECURITY NO. 217-58-0682 | 17 INFORMANT 12 ADDRESS KI IDA M. WALDRON EDGEWAT | OTTI LAST WOOD ROAD ER, MD. 21037 |
| ON ST., 24 HOUR ITEM 18 LONG W PERMIT GIENE, D | DUETO | Maltiple T | njuries | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 201 W. UTED W. IN PENGENAIN EXAMINATE TRAIL-TRAI | lying cause last. | , OR AS A CONSEQUENCE OF | | |
| RECOR LD BE E PENDIN MEDIC ASA A FALTH | PART 2 OTNER SIGNIFICANT (DNDITIDNS CONTRIBUTING TO D 19a. DATE OF OPERATION 19b. CO 21a. EXTERNAL CAUSE WAS 21b. TIME HOLD | NOTION FOR WHICH OPERATION W | | ZB AUTOPSY? |
| 2 2 5 5 5 7 1 | 210. EXTERNAL CAUSE WAS 210. TIME HOUR CONTRIBUTING DOWN CONTRIBUTING CAUSE OF DEATH 4:50 | XX MONTH DAY YEAR | DWINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I bject driver in auto/auto c | |
| ESASE O | 21d INJURY OCCURRED 21e PLA | ACE OF INJURY (ATHOME, 21f. LO | CATION IRREI .301, So. of No. Marlton Av | e.UpperMarlboro |
| e = = - 4 / / | 22a I certify that I took charge of the remain death resulted fram: Natural causes | s described above, held an Autap | , Hamicide . Undetermined manner . | ту органот Md • |
| 2 E R R R R | ACTUAL SIGNATURE | м | D. Assistant MEDICAL EXAMINER | DATE 2/6/85 |
| TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIND | BURIAL, CREMATION, REMOVAL 236. DATE | 23c NAME OF CEMETERY O | CITY OR TOWAY | A.A.CO. STATE |
| 07/84 BP 25M DHMH - 17 (VR A15 ME (5)) | | Ress WEST STREET | 250. DATE REC'D. BY REGISTRAR 256. REGISTRA | AR'S SIGNATURE |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

LAST

DAY

Iona

17 INFORMANT

1900

MOODY

5 DATE OF BIRTH

MONTH

WIDOWED

Allo

MIDDLE

Caucasian

THE CITIZEN OF WHAT COUNTRY

Velma

SOUTHERN MARYLAND

DUE TO OR AS A CONSEQUENCE

DUFTO OR AS A CONSEQUENCE OF

13r CITY OR TOWN

Waldorf

TAST

166 SOCIAL SECURITY NO.

441-38-509

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Huntt

REG. NO 20 DATE OF DEATH MONTH DAY YEAR 2b. HOUR 02 - 08 - 850.40n M A AGE LIN YEARS LAST BIRTHDAY YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED PRINCE GEORGE'S COUNTY MD NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY HOSPITAL Self Employ Beautician 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? NO I Meadow Lane 20601 15 MOTHER'S MAIDEN NAME MIDDLE Scroggins ADDRESS Richard G. Moody, Same as Line 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT NO [YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY

710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM ETC)

22a.1 certify that (1) this haspital) attended the deceased from

above (Diwe) (did) (did not) siew the body ofter death

19

211 LOCATION SIREFI

22 ADDRESS

ATTENDING

PHYSICIAN

and that in (my (bur) apinion death occurred on the date and hour and from the causes stated # MEDICAL

22¢ DATE SIGNED

(SPECIFY)

WHILE AT WORK

226 SIGNATURE

IFICATION

CERTII

IMPORTANT:

DHMH - 16 50M 4/83

(VRA 15, 4)

FOR

REGISTRAR

Female

COUNTRY

TO BIRTHPLACE ISTATE OR FOREIGN

Arkansas

IN CITY OR TOWN OF DEATH

Marvland

14 FATHER'S NAME

CLINTON

FIRST

RETHA

136 COUNTY

John William Brown

IAN WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

NOT WHILE

sow the deceased al

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse lost.

19a DATE OF OPERATION

Charles

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and

IMMEDIATE CAUSE to:

4 RACE

I DECEASED NAME

- STATE

(TYPE OR PRINT)

1 SEX

23a BURIAL, CREMATION, REMOVAL 236 DATE

2-10-85

23c NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION CITY OF TOWN

Waldorf

COUNTY STATE Charles

Cremation 24 FUNERAL DIRECTOR

Funeral Home, Waldorf, Maryland A Huntt

Crematory 50. DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE

STAFF

DIRECTOR PHYSICIAN

dans 1021 I that carashis I like ----- htt-31-5802 Sighard S. Moody, 15th a abolithment

Ore without 2-10-51 there is an area to a like the company of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

| - | | REGISTRAR | | | CERTIF | CATEOF | REG. NO. | | | | | | |
|----|---------------|--|-----------------------------------|-------------------------|-------------|--------------|-----------------------|-----------------------|--|----------------|--------------------|--|--|
| 1 | | CEASED NAME FIRST | ^ | VIDULE | L. | AST | | 20. DATE OF DEA | тн момтн | DAY YEAR | 26 HOUR | | |
| | (TYPE | OR PRINT) Andrew | Jac | ckson | Mo | ore | | February | 28, 19 | 85 | 8:10AM | | |
| 1 | 1. SEX | | 4. RACE 5. DATE O | | | F BIRTH | | 6 AGE (IN YEARS | AST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS | | |
| - | Ma. | | Caucasi | | Janua | ry 22, | 1921 | 64 | YRS | | HOURS MIN. | | |
| S | | RTHPLACE (STATE OF FOREIGN OUNTRY) | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | X NEVER | MARRIED . | 9 BALTIMORE C | | | | | |
| į. | Kei | ntucky | U.S.A. | | WIDOWE | | VORCED [| Prince | George': | s County | Y, MD. | | |
| | 123 | TY OR TOWN OF DEATH | 11. NAME OF H | HOSPITAL, NURSIN | G HOME C | R OTHER INS | TITUTION | 120 USUAL OCC | UPATION MOST OF WORKING L | | OF BUSINESS OR | | |
| 2 | _ | inton | Southe | rn Maryla | nd Ho | spital | Center | | | | | | |
| | | | | | | | | | 13. STREET ADDRESS / ZIP CODE 4611 Cedell Place (20748) | | | | |
| | _ | THER'S NAME | | | | | SMAIDENNAM | AE | | | | | |
| 2 | He | nry Moore | MIDDLE | LAST | | Nan | nie Hun | ter | 3100 | Į.A. | ST | | |
| | | AS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMA | INT | , | ADDRESS | | | | |
| | Ye | s WI | | 235-28-2 | 147 | Marie | G. Moo | re Same | As #13 | A-E | 13/1/13 | | |
| - | | 18 CAUSE OF DEATH Enter on | | line for (a), (b), one | lic i | 1 | | _ | | BETWEEN | NIMATE INTERVAL | | |
| | | PART I. DEATH WAS CAUSE | E CAUSE (0) | (grd | 100 | oulm | onar | - 1 | res | | | | |
| | | | DUE TO OF | R AS A CONSEQUE | NCF OF | | | 1 | | | | | |
| ۱ | 1 | Conditions, if ony, which | (jb) | | C | zrc1 | non | nalo | 515 | | | | |
| | | gove rise to immediate couse (a), stating the | DUE TO OF | AS ANNE OLIE | NCE OF | | , | / | | | | | |
| | | underlying couse lost | ((c) / | AS A SOLUTEOUE | 000 | arci, | nom | 4-6 | 1/02 | | | | |
| | z | PART 2 OTHER SIGNIFICANT | ONDITIONS CO | ONTRIBUTING TO D | DEATH BUT | NOT RELATED | TO THE TERMI | INAL DISEASE OR | CONDITION GI | IVEN IN PART I | 0 | | |
| - | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION | | | N WAS PERFO | RMED | 20a AUTOPSY | 2 20b IF YE | ES, WERE FINDI | NGS LISED | | |
| 1 | 350 | | | | | | | | IN CERT | IFYING CAUSES | | | |
| d | ERT | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | | | YES NO Y | | | | 140 🖺 | | | |
| ř | 0.45,4.01 | OR CONTRIBUTING CAUSE OF DEA | 1111 | M. MONTH DA | | | | | | | | | |
| Ü | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER | 21e. PLACE (| | 19 | 211 LOCATION | | | | | | | |
| | MEC | WHILE TO NOT WHILE TO | | EET, FACTORY, OFFICE, F | ARM, ETC) | STREET | | CIT | YORTOWN | COUNTY | STATE | | |
| | | AT WORK | | | - | | - | 7 | 7 20 | 215 | _ | | |
| 1 | | 22a certify that (I) (this hospi sow the deceased above on | tol) ottended the | deceosed from 19 | 8 5 on | | Jur) opinion d | , to | the date and ha | , 19 2 | thor (1) (we) lost | | |
| 1 | 13.1 | sow the deceased office on 19 and that m (my) (our) opinion of the source of the sourc | | | | | | | | 22c DATE | SIGNED | | |
| | | 19 ra | er | | | - | ATTENDING PHYSICIAN X | MEDICAL DIRECTOR P | STAFF HYSICIAN | 02/ | 28/85 | | |
| | | 224. PHYSICIAN'S NAME (TYPE O | R PRINT) | | | 22e ADDRES | | Piscata | | | | | |
| | | Renee Grace, | M. D. | | | 1000 | | ton, Mar | _ | 20735 | | | |
| - | | URIAL, CREMATION, REMOVAL | 236 DATE | 23c N | AME OF C | EMETERY OR | | 23d LOCATION | 7 | 2011 | STATE | | |
| 1 | Bur. | | | , 1985 Qu | | o Nati | | metery | Quantic | | inia | | |
| - | 24 FU | INERAL DIRECTOR Lee F | uneral | Home Inc | | | 250 DATE | REC'D. BY REGIS | TRAR 255 REGIS | IRAR'S SIGNA | FURE | | |

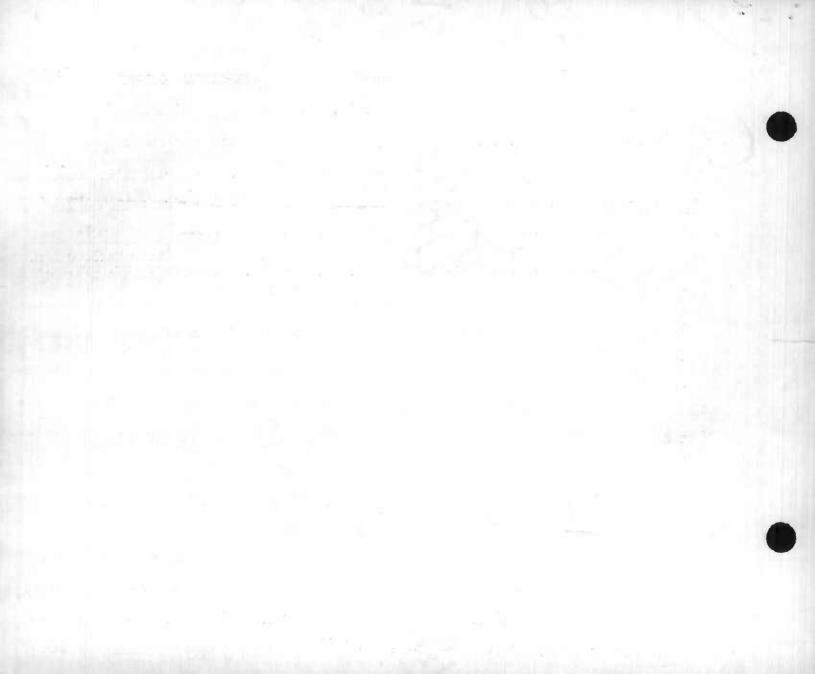
BP

(VRA 15, 46633 Old Alexander Ferry Road, Clinton, Maryland



| 1 / | | FOR | | | SEDADTA | | | ARYLAND | AL HYCER | IE D | 0 | 6 0 | 4 | 7 |
|-------------|-----------------------|---------------------|----------------------|-----------------------------|-----------------|-------------------|-------------|-------------------|------------------|----------------------|--------------------|-------------------|-------------------------|-------------|
| 10 | 1- | STATE REGISTRAR | | | | | | ERTIFICAT | | | | | 1100 | |
| ~ | | CEASED NAM | E FIRST | | MIDDLE | | | LAST | E OI DE | | REG. NO. | AONTH DA | AY YEAR | 26 HOUR |
| Clara. | (TYP | E OF PRINT) | Jarvi | 'n | L. | | ivio | ore | | OF DEATH A | F211- | | / 19 85 | |
| 15 | i. SEX | | 4 RACE | IS DATE OF BIRTH | ш. | 6 AGE (IN YEAR | IF UNI | | NDER 24 HRS | 2c. DATE | | ONTH DI | AY YEAR | 2d_HOUE |
| | | | 72.1 | MONTH DAY | YEAR OF | LAST BIRTHDAY | - Moren | S DAYS HOL | IRS MIN. | PRONOUNC | ED | 2/ 10 | / 1985 | 10:0 |
| 11 | | RTHPLACE (S | Blk | 8-25-1 | 956 IAT COUN | 1RY? | | | pr-19 | | RE CITY OR C | 2/ 18 COUNTY O | | I A M |
| . / | FO | REIGN COUNTRY) | 2 20 | | | | WIDOW | ED NEVER | VORCED | | e Geor | | | |
| 4 | 10 CI | TY OR TOWN | h DC OF DEATH | II. NAME OF HOS | | RSING HOME. | | | | SUAL OCCUPA | | WORK 12b | KIND OF BU OR INDUST | JSINESS |
| Ø | 0 | linton | | Souther | | | Uocn | ital | U. | MOST OF WORKIN | | | | RY |
| 7 | USUA | AL RESIDENCE | | OR OTHER INSTITUTION, GI | VE RESIDENCE | BEFORE ADMISSION | N) . | | | | | - | Sgt. | to the |
| ŋ | 13a S | TATE | 136 COUN | P G | | OR TOWN | | YES TE N | | 10800 | Chan | may may | ree X | Rd |
| Ę | 14. F/ | MD ATHER'S NAMI | | Pali | I BL's | ndywi | Te | 15. MOTHER'S | | | OHOI. | 1. y 11 | .00 A | nu |
| f | 1 | first | | MIDDLE | | ORE | | Alic | | MIDI | DLE | 7 | Pinkn | ev |
| 4 | 16a. V | WAS DECEASE | D EVER IN U.S. AR | MED FORCES? | | CIAL SECURITY | NO. | 17. INFORMAN | | - | ADDRESS | - | LIIMI | Cy |
| | {Y | Yes | OWN) (IF YES, GIVE | WAR OR DATES) | 215 | 6-64-5 | 268 | Agnes | L. M | loore | | SAA | A | |
| | | | OF DEATH (Enter on | ly ane cause per line | | | | 1161101 | - AU 0 A 1 | | | | APPROXIMATI | E INTERVAL |
| | | PARTID | ATH WAS CAUSE | D BY: TE CAUSE (a) | (), () | | n Wo | und of | Chest | | | 8 | ETWEEN ONSE | T AND DEATH |
| | | 1000 | IMMEDIA | | AS A CON | ISEOUENCE O | | OI OI | Circo | | N. M. | | | |
| OR REMOVAL. | | | ns, if ony, which | | | | | | | | | | | |
| T | | cause (a | stoting the under- | | AS A CON | SEQUENCE O | F | | | | | | - 1 | 7.77 |
| | | lying cau | ise lost. | (c) | | | | | | | | | | |
| | | PART 2 OTHER S | GNIFICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELA | TEO TO THE TERMIN | IAL OISEASE | OR CONDITION GIVE | N IN PART 1 (a). | | | | 10 | |
| | NO. | | | | | | | | | | | | | |
| Γ | 3 | 190. DATE OF | OPERATION | 19b. CONDIT | ION FOR | WHICH OPERA | TION W | AS PERFORMED | ? | | | 20 | 0 AUTOPSY | ? |
| À | E | | | | | 43. 0 | | | | | 4 | | YES X | NO [|
| E | MEDICAL CERTIFICATION | LINDEDLVING | AL CAUSE WAS | | . MONTH | DAY YEAR | 21c HC | W INJURY OCC | URRED LENTER | R NATURE OF INJUR | RY IN ITEM 18 PART | I OR PART 2) | | |
| 1 | N N | CONTRIBUTI | NG CAUSE OF | DEATH 9:003 | x 2/ | 18/85 | su | bject s | hot | 111111 | Section. | 1 | | |
| | AED | 21d INJURY | | 21e PLACE C STREET, FACT | ORY, FARM, ET | | | TREET | | CITY OR TOWN | ٧ | COUNTY | | STATE |
| | - | AT WORK | NOT WHILE [| X | ar | | 133 | 00 Cher | rytree | | ng Rd. | | | ,Pr. |
| | | 22a. I cert | fy that I tack charg | ge of the remains des | cribed abo | ve, held an | Autaps | y X. Ins | pection . | Inquiry [| , and in | my op Go | orge' | s, Md |
| | | death result | | ral cays | Accident | | ide . | Hamicide | | etermined man | | | | |
| | | | | LY | 1 | | | TITLE (SPECI | | | | | | |
| | | ACTUAL SIGNATURE | | XIO | ~ | | M. | D. Assist | ant_MEI | DICAL EXAMIN | NER | DATE SIGNED | 2/19 | /85 |
| | 1 | EXAMINER'S | NAME | | | | | | | | | in heir | | |
| 7 | | (TYPE OR PRI | NI) Greg | ory R. Kai | ıffma | n, M.D. | / | ADDRESS1 | | n St. | | | | |
| | 23a.B | URIAL, CREMA | TION, REMOVAL | | | NAME OF CEM | | | CIT | OCATION Y OR TOWN | GJL T | COUNTY | | TATE |
| | 01.5 | | rial | 2-20-85 | 1 | Asbury | U.I | | | randyw | | P.(| G M | ID |
| | | NAME | | ADDRESS | | | | 250. | EB 25 | 19855 | Day | Helion | A TOTAL DE | 82. |
| | A | DAMS I | UNERAL | HOME P. | A A | QUASCO | MD | 1 | FD 50 | 12000 | 1 | 2000 | - | |
| | | | | | | | | | | | | | | |

this is made to come to the comment of the comment data aroun of the contract of ter g.f. animomer of ... grapes (2.1-03-5) - 1902 Leve G. Carlott H. Harris and Galla, and architecture but disable second for the





ending physicion and completely filled in the corbon papers. Pages 1 and 2 should be 1160

signed by the ottending physicion

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| -1 | | REGISTRAR | | | CEKIII | ICATE OF DEATH | REG. | NO. | | |
|----|---------------|--|---|--|-------------------|---|--------------------------|-------------------|---------------------------|----------------------------|
| | | CEASED NAME FIRS OR PRINT) | EILEEN | AIDDLE M | 10RAH | AN AN | 20. DATE OF DEATH | | 7-85 | 11PM |
| | 3. SEX | Female | Cauca | sian | S. DATE C | DAY YEAR | 6. AGE (IN YEARS LAST | BIRTHDAY) YRS. | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. |
| 1 | | RTHPLACE (STATE OR FOREIGN | U.S. | WHAT COUNTRY? | MARRIEI WIDOWE | D NEVER MARRIED | I EKINCE G | | | MD |
| 4 | | CHEVERLY | | | | NERAL HOSPITA | TYPE OF WORK FOR MOS | | HFE) INDUSTRY | F BUSINESS OR |
| | | AL RESIDENCE (IF NURSING HOTTATE 136 (| | GIVE RESIDENCE BEFORE | | 13d INSIDE CITY LIMITS? YES 📆 NO 🗌 | 13e STREET ADDRES | | | 0784 ace |
| 4 | | THER'S NAME PERST Daniel VAS DECEASED EVER IN U. | MIDDLE | McKe or | | 15. MOTHER'S MAIDEN N FIRST Mary 17 INFORMANT | MIDDLE | DRESS | Connol | ly |
| | N N | | ES, GIVE WAR OR DATES) | 577-16-1 | | -D Maureer | | | bove a | ddress |
| | z | Conditions, if ony, white gove rise to immedio-couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICATION CONTRACTOR C | DUE TO, DI | Caronseque | NCE OF | NOT RELATED TO THE TER | MINAL DISEASE OR CO | ONDITION G | GIVEN IN PART 10 | 0. |
| 7 | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDI | TION FOR WHICH (| OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERT | YES, WERE FINDING CAUSES | |
| 7 | MEDICAL CER | 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE. (IF EITHER NOTHEY MEDICAL EXA 21d INJURY OCCURRED WHITE NOT WHITE AT WORK AT WORK | OF DEATH HOUR AND PUR | M. MONTH DA M. | 19 | 211 LOCATION STREET | RRED (ENTER NATURE OF IT | | 8 PART TOR PART ?) COUNTY | STATE |
| | | 220.1 certify that (I) (this saw the deceased olioboxe, (I) (we) (did) (c | ve on 20 | 3 | | nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 124 ADDRESS 6492 LANDO | _ MEDICAL _ S' | TAFF SICIAN [] | our and from the | LIST HAVE |
| + | 230 B | BURIAL, CREMATION, REMO | | A STATE OF THE PARTY OF THE PAR | AME OF C | EMETERY OR CREMATORY | | | | |

O PUNERAL DIRECTOR should be detach with the State Des

DHMH - 16 50M 4/83 (VRA 15, 4)

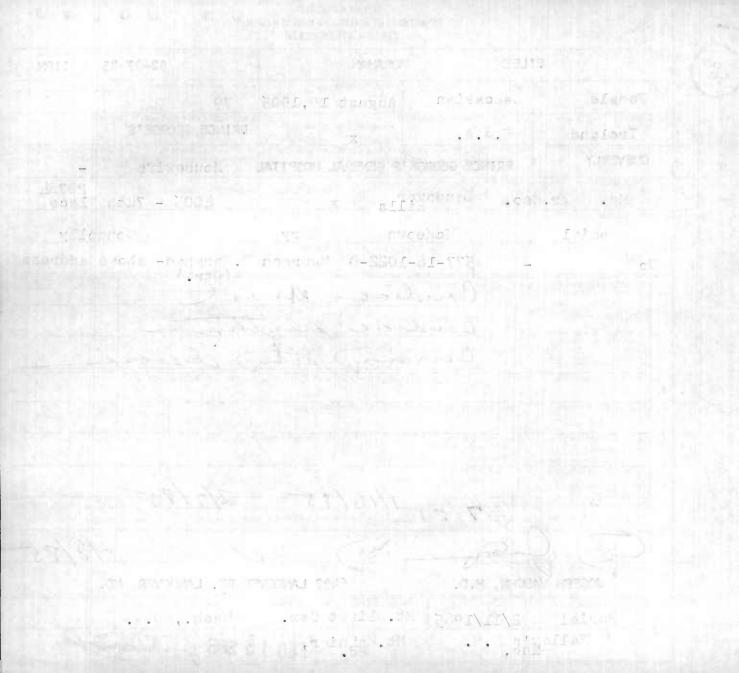
Burial 2/11/1985

14 FUNERAL DIRECTONALLE Y'S. F.H.

Mt. Olivet Cem.

Wash.,

ADDRESS Mt. Rainier FEB 13 1985 Julius Md. 1985



STATE OF MARYLAND FOR STATE REGISTRAR

4739 Baltimore Avenue Hyattsville, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

| 05.0 | | | |
|------|--|--|--|

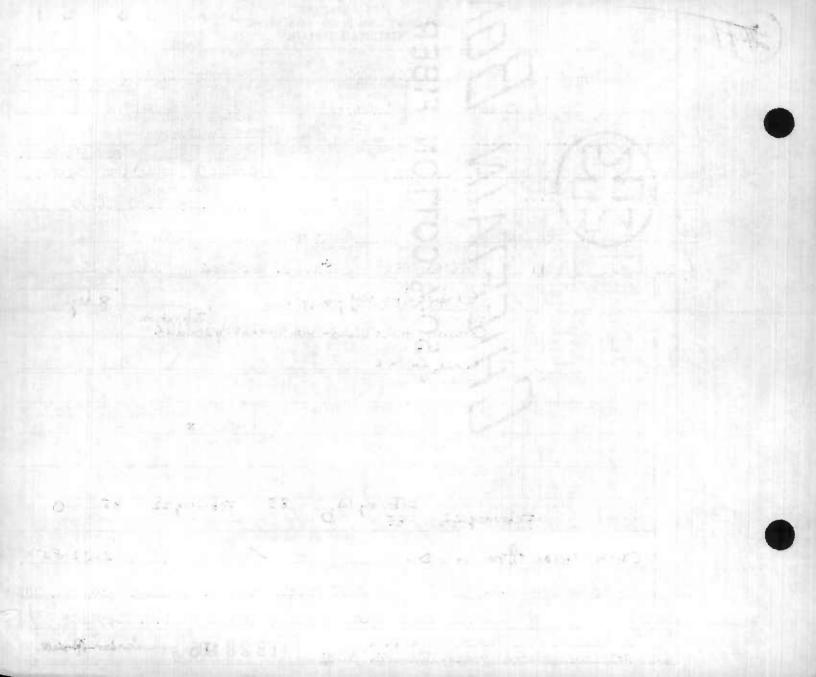
| | EASED NAME OF PRINTS | FIRST | A | NIDDLE | | LAST | 20 DATE OF DEATH | MONTH | DAY YEAR | Ta |
|----------------|--|--|---|--|--|--|--|---------------------------------------|---------------------------------------|---------------------------------|
| | | | | | | | | | | 26 HOUR |
| TORY | A1 | bert | Jose | eph | MOREI | AND | February 2 | 22. 10 | 985 | 10:25 |
| a. SEA | | | RACE | 4 | S. DATE O | | 6 AGE (IN YEARS LAST BE | | IF UNDER I YEAR | |
| Ma1 | 10 | | T.Th. d. b | | MONT | | 67 | VDC | MONTHS DAYS | HOURS / |
| | RTHPLACE (STATE ORF | OREIGN 7 | White | WHAT COUN | | 26/17 | 9 BALTIMORE CITY C | YRS OR COUNT | Y OF DEATH | 1 |
| C | OUNTRY) | | | | MARRIE | D X NEVER MARRIED | Prince Geo | | | |
| | HINGTON | | U.S.A. | OSDITAL NI | WIDOWI | DR OTHER INSTITUTION | 120 USUAL OCCUPAT | | THE KIND O | OF BUICANARCE |
| A. 4110 | OWN OF DEA | ' | | | STREET ADDRESS) | OK OTHER INSTITUTION | (TYPE OF WORK FOR MOST | OF WORKING | | SIN SIN SI |
| | nham | | Doctor' | | | | Credit Inv | estig | gator | Agency |
| 13a. S | IL RESIDENCE IIF NURS | 136 PUG | | | | 1 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP COL | DE | |
| Mar | ryland | P. G | • | COTTE | ge Park | YES NO | 4804 Berwy | n Roa | ad 2074 | 0 |
| A FAT | THER'S NAME | 44 | DDtf | LAS | 1 | 15 MOTHER'S MAIDEN NA | | | LA | |
|) | Thomas W. | | | | | Florence | | own | LA | 21 |
| 60 W | AS DECEASED EVER | IN U.S. ARM | ED FORCES? | 166 SOCIAL | SECURITY NO. | 17 INFORMANT | ADDR | | | |
| | | | WAR OR DATES) | 570 O | 5 1.1.60 | Anita E | Maraland | Com | ne as 13 | 20 |
| res | Coast | WW | | 578 05 | | Anita E. | Morerand | Jail | | MATE INTERVA |
| | PART I. DE ATH W | AS CAUSED | BY. | ~ I | | nu = .1 | | | BETWEEN | ONSET AND DE |
| | | IMMEDIATE | CAUSE (o) | Contain | obulmen4 | und tai nie | | | 8 4 | STA. |
| | | | DUE TO, OF | AS A CONS | SE DUENCE OF | 0 1 | Tute | neitan | | |
| | Conditions, il ony, gove rise to imm couse (a), statin | nediote g the | 1 | | SEQUENCE OF | Disgere with re | cent Hy ocas | jel | | |
| z | gove rise to imm couse (a), statin underlying couse | nediote ig the lost | DUE TO, OF | as a cons | SEQUENCE OF | NOT RELATED TO THE TERM | | IDITION G | IVEN IN PART 1 | 10 |
| IFICATION | gove rise to imm couse (a), statin underlying couse | nediate ig the lost | DUE TO, OF | LAS A CONS REPUBLING | SEQUENCE OF | | NINAL DISEASE OR CON | 20b. IF Y | ES, WERE FIND | INGS USED S OF DEATH? |
| ERTIFICATION | gove rise to imm couse (o), stofin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAL | nediote ig the lost NIFICANT CC | DUE TO, OR (c) DINDITIONS CO | AS A CONS | SEQUENCE OF | NOT RELATED TO THE TERM | VINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO } \text{NO } \text{X} | 20b. IF Y | ES, WERE FIND FIFYING CAUSE YES | INGS USED |
| CERTIFIC | gove rise to imm couse (o), statin underlying couse PART 2 OTHER SIGN 196 DATE OF OPERAT 210, ACCIDENT WAS UNE OR CONTRIBUTING CO | nediate g the lost NIFICANT CO | DUE TO, OR (c) DINDITIONS CC 19b. CONDI 21b. TIME OI HOUR A./ | AS A CONS REPORT OF THE PROPERTY OF THE PROPE | SEQUENCE OF UTE | NOT RELATED TO THE TERM | VINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO } \text{NO } \text{X} | 20b. IF Y | ES, WERE FIND FIFYING CAUSE YES | INGS USED S OF DEATH? |
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20781

DHMH - 16 60M 7/84 (VRA 15, 4)

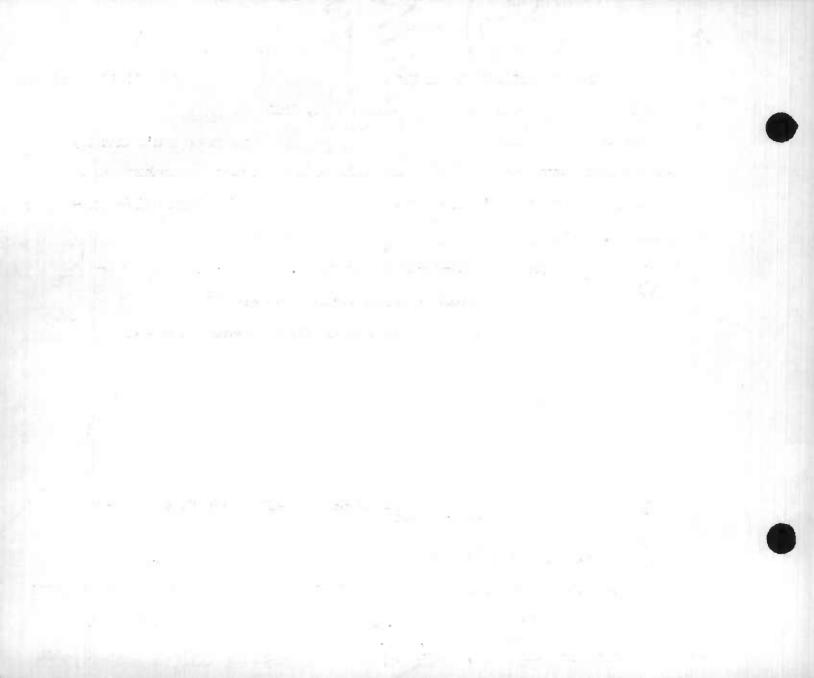
BP.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the



DEPARTMENT OF HEALTH AND MENTAL HYGIEN

FOR



11800 N.H. Ave.,

Silver Spring, Md.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Hines7 Rinaldi Funeral Home

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

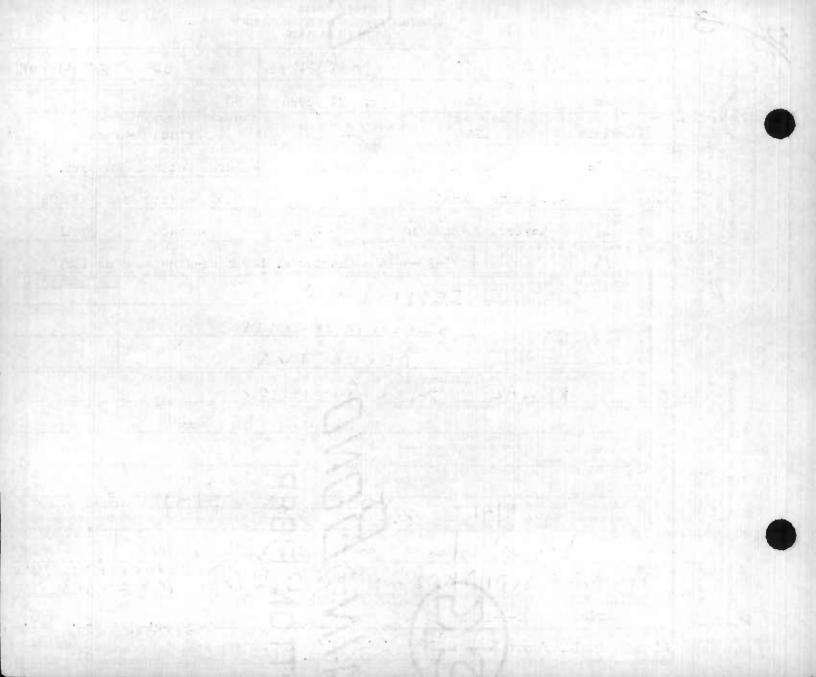
CERTIFICATE OF DEATH

REG. NO

STATE

Md.

in Davidson-Mandala



Mt.Rainier,

Inc.

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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| V | FOR STATE REGISTRAR | D | EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG. NO. | 6055 |
|--|--|--|---|--|---|
| 7.6 | 1. DECEASED NAME | OROTHY | MURRELL | 20. DATE OF DEATH MONTH | 29 85 4:30A |
| 6 | 3 SEX | 4 RACE | S. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER TYEAR IF UNDER 24 H |
| (A) | FEMALE | BLACK | DECEMBER 10 19 | | rrs. |
| BH | 70. BIRTHPLACE STATE OR FORE | U.S.A. | WIDOWED DIVORCED | | |
| 14 | CHEVERLY | LIE NOT IN SUCH FACILITY G | NURSING HOME OR OTHER INSTITUTION INESTREET ADDRESS! RGES GENERAL HOSPITAL | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK CATERER | 12b. KIND OF BUSINESS OF PRIVATE |
| ad place | | | ATTSVILLEYESXT NO T | 130 STREET ADDRESS / ZIP | PLACE 3014 |
| 164 | 14 FATHER'S NAME DAV | | 15 MOTHER'S MAIDEN IN LEELLA | Ora Wilkes | STEPHEN |
| Pages | (YES, NO OR UNKNOWN) | E VES CIVE WAR OR DATEST | 24-1468 DOROTHY C | LARK 6632 23 | RD PL HYATTSV |
| by the ottending physici sse remove corbon poper , cremation, or removol. other troumatic event, th | PART I. DE ATH WAS | DUE TO, OR AS A CO | utrolled Sepsis from 1 | Decubitus alce culan Acc. La | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
| E o E | couse (o), stoting | the DUE TO, OR AS A CO | NSEQUENCE OF A DE | / / | |
| 0 0 0 0 | PART 2 OTHER SIGNIF | last. (c) | Modifies Mellitus a | and Hyperfar | N GIVEN IN PART TO |
| been signed mit. Then plec prior to buriol ony injury, or | PART 2 OTHER SIGNIF | ICANT CONDITIONS CONTRIBUTE | Dialites Mellitis a | 20a AUTOPSY? 20b. | N GIVEN IN PART Tro |
| been signed rmit. Then plec prior to buriol ony injury, or | PART 2 OTHER SIGNIF | ICANT CONDITIONS CONTRIBUTION IN 196 CONDITION FOR VING 216. TIME OF INJURY HOUR A.M. MON | WHICH OPERATION WAS PERFORMED | 200 AUTOPSY? 206. | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\) |
| rr this certificate has been signed the buriol-transit permit. Then ples and Mental Hygiene prior to burior ed or Item 18 shows any injury, or | PART 2 OTHER SIGNIF | ICANT CONDITIONS CONTRIBUTION IPS CONDITION FOR IPS PLACE OF INJURY INDIVIDUAL FORESTEE SECTIONS INDIVIDUA | WHICH OPERATION WAS PERFORMED ITH DAY YEAR 19 211. LOCATION | 20a AUTOPSY? 20b. IN C | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\) |
| OR. After this certificate has been signed in use as the buriol-transit permit. Then pless the buriol Hygiene prior to buriol is marked or frem 18 shows any injury, or | Underlying couse PART 2 OTHER SIGNIF 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (If EITHER NOT EY MEDICAL AT WORK NOT WHILE AT WORK AT WORK 210. I Certify that (1) (the saw the deceased of the saw the saw the deceased of the saw the s | ICANT CONDITIONS CONTRIBUTIONS IPB CONDITION FOR IPB CONTRIBUTION IPP CONTRIB | WHICH OPERATION WAS PERFORMED ATH DAY YEAR 19 211. LOCATION STREET 4 ond that in (my) (5%) appring | 20e AUTOPSY? 20b. IN C | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO MAIN TO THE PART TO PART TO THE PART TO |
| JIRECTOR: After this certificate has been signed ched for use as the burial-transit permit. Then ples cept. of Health and Mental Hygiene prior to burial them 21 is marked or Item 18 shows any injury, or | Underlying couse PART 2 OTHER SIGNIFIED 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDERLOW OR CONTRIBUTING CAU (If EITHER NOTEY MEDICAL 210. NJURY OCCURRED WHILE NOT WHILE AT WORK 220. Lettify that (I) (the obove, (I) (weekeded) 220. SIGNATURE | ICANT CONDITIONS CONTRIBUTIONS AMONG STREET, FACTORY (AT HOME, STREET, FACTORY (AT HOME) | WHICH OPERATION WAS PERFORMED ATH DAY YEAR 19 211. LOCATION STREET 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN | 20e AUTOPSY? 20b. IN C | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 , that (I) (we) (I) d hour and fram the couses stated |
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FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

Male

BIRTHPLACE (STATE OF FOREIGN

Washington, D.C.

CITY OR TOWN OF DEATH

1. SEX

Charles

4 RACE

Till

White

U.S.A.

76 CITIZEN OF WHA

STATE OF MARYLAND

| DEPARTN | CERTIFICATE | | | IENE ' | REG. | . NO. | | | | | |
|-------------|------------------|-------------|------|----------|---------------|----------|-----|---------|---------|----------|--------|
| | LAST | | | 20 DAT | E OF DEATH | MONT | H D | YAC | YEAR | 26 HOU | R |
| man | Myers, | Jr. | | Fe | bruary | 3, | 198 | 35 | | 6:2 | OA M |
| | 5. DATE OF BIRTH | | | 6 AGE | IN YEARS LAST | BIRTHDAY | | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
| | Jan uary | | 1909 | 76 | |) | YRS | ONIHS | DAY5 | HOURS | M IN, |
| COUNTRY? | MARRIED X NE | | | 9 BALT | IMORE CITY | | | | | | |
| | WIDOWED | DIVORC | | | ince (| | | Co | unt | y | MD |
| TAL MILIDON | C HOME OF OTHER | INTERTITION | IAO | 12- 1101 | TAL OCCITO | ATION | | 124 | VILID O | E DITCHE | CC 00 |

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Administrator U.S. Gov't. Cheverly Prince George's General Hospital JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

30. STATE

136. COUNTY

137. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 3716 Ramsey Drive 21037 Maryland Edgewater YES TO NO [Anne Arunde FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Catterton Tillman Edith Charles Myers, Sr. ADDRESS 6601 Quaker Ridge Rd. 17 INFORMANT

65 SOCIAL SECURITY NO Reckville, Maryland 20852 W.W.II 217-42-2847 Yes- Army Carol A. Adams

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b and ic PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if ony, which gove rise to immediate couse (b), stoting underlying couse lost THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER NOTIFY MEDICAL EXAMINER 71d INJURY OCCURRED 211 LOCATION 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from

sow the deceased alive on 3 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did not) view the body after death

22¢ DATE SIGNED DEGREE Rosenberg, M.d ATTENDING MEDICAL Feb. 4. 1985 DIRECTOR PHYSICIAN

6501 Landover Road - Cheverly, Maryland

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL COUNTY

Feb. 6.1985 Ft. Lincoln Cemetery 24 FUNERAL DIRECTOR

Gasch's Sons F.H. P.A. Hyattsville, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

Brentwood

P.G. Maryland 25- DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Burial

,100:0 of many 17, 1939, 76 - Carlottelland ringo to med comity Santy avint reside | Line | Total | To Timeles williams trong, m. With Yes- 'my ... 11 217-12-247 Larel Pec'ville, Narvish CERE

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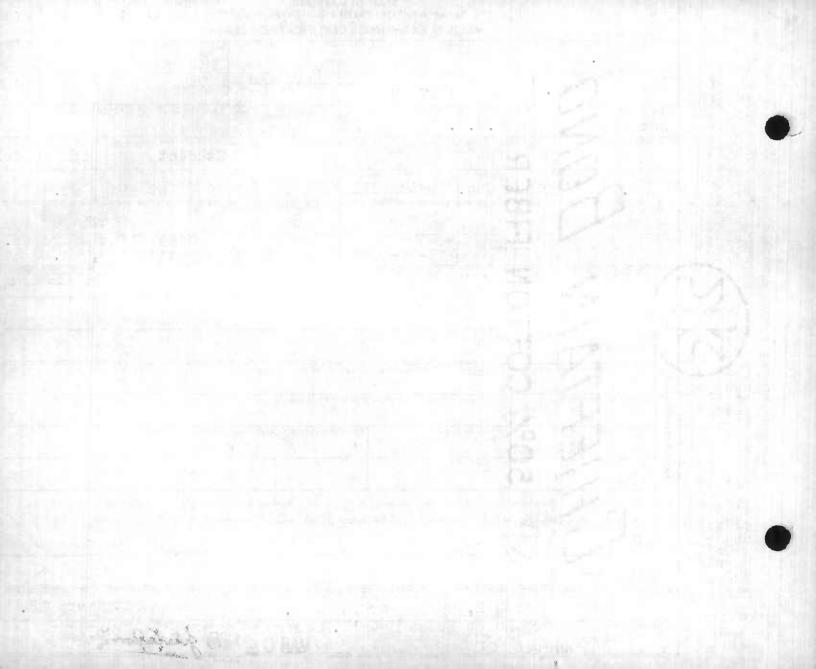
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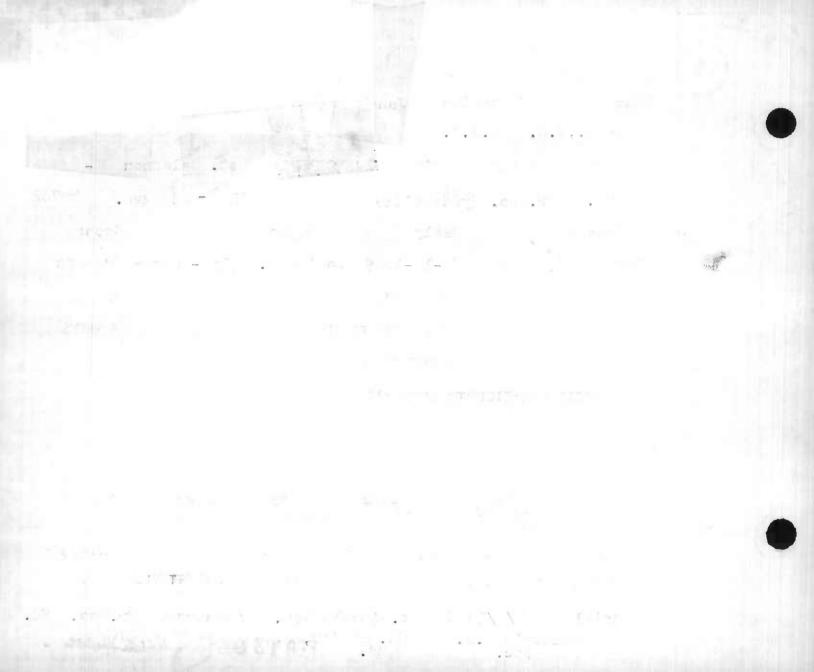
| | 1 | | | | | | ARYLAND | | | | 1 6 | (3) | Lan . | 1 |
|-------|---------------|--|---------------------------------|-----------------------|---|------------------|-----------------------------|-------------------|-------------|----------------------|---------------|----------------|---------------------|--------------|
| | 1- | FOR STATE | | | DEPARTMENT OF | | | | - | (| 1 0 | 6 | 2 | |
| | | REGISTRAR CEASED NAME PE OR PRINTI | FIRST | 2712 | WIDDLE | TER 5 | LAST | AILOIL | 2a. DA | REG. | TY MONTH | H DAY | YEAR | 26 HOUR |
| | 1 | | Kennet | h | Darryl | Na | pier | | DEA | F ESTI- | D 2/ | 26/1 | 19 85 | M |
| | 3 SE | X 4. RAC | | June 6 | YEAR LAST BIRTH | YEARS IF UN | DER 1 YR. IF | FUNDER 24 H | N. PRON | ATE OUNCED EAD | MONTH 2 / | DAY | YEAR | 6:55 P M |
| - |) Fi | IRTHPLACE (STATE OR PREIGN COUNTRY) | | Th. CITIZEN OF W | HAT COUNTRY? | 8 MARR | IED NEVE | | Y RAI | TIMORE CITY | OR COU | 26/ | | IP M |
| 1 | | aryland | | U.S, | | WIDOW | | DIVORCED | | nce Geo | | | | MD. |
| - | | Cheverly | | Prince | SPITAL, NURSING HO/ ACILITY, GIVE STREET ADDRESS GEOTGE S G | 5) | | | FOR MOSTION | ident | YPE OF WORK | Hig | INDUSTA SINDUSTA | choo. |
| 1 | 13a. S | AL RESIDENCE (IF IN NU | 136 COUNTY | other institution, of | THE RESIDENCE BEFORE ADMIS | SIONI | 13d INSIDE CITY | | 5169 | Flint | Ric | lge 1 | Sr. | 184 |
| | 14.F | ATHER'S NAME | 74 | MIDDLE | LAST | | 15. MOTHER | 'S MAIDEN N | | WIDDLE | | | AST | |
| - | | Owen | | | Napier | | Rub | - | | | | ttiř | _ | |
| | | WAS DECEASED EVER YES, NO. OR UNKNOWN) | IN U.S. ARMI | | 219-76-0 | | owen : | | r] | 51009E Hyatts | sFlin vill | it Ri | dge | Dr. 20784 |
| | NO | Canditions, if a gave rise to cause (a) stating lying cause lost. PART 2 OTHER SIGNIFICAN | immediate the <u>under</u> - | (c) | R AS A CONSEQUENCE | | E OR CONDITION G | SIVEN IN PART 1 : | | | | | | |
| | CERTIFICATION | 196 DATE OF OPERA | TION | 196 COND | ITION FOR WHICH OP | ERATION W | AS PERFORMI | ED? | | | 7.5 | | UTOPSY? | |
| | | 210 EXTERNAL CAUS | OR | | M. MONTH DAY YE. | AR | | | | contro | | PART 2) | | object |
| - | MEDICAL | WHILE NOT AT WORK | | STREET, FAC | OF INJURY (AT HOME. TORY, FARM, ETC.) | | CATION STREET 00 Blk. | Rt. 4 | | r town lyattsv: | ille, | ounty Pr.Ge | ≥0.,1 | state |
| 7 | | 22a I certify that I death resulted from | | | Accident X, | Autop Suicide | sy 🗓 , I | Inspection [| Inqui | | and in my a | noiniqu | | |
| - | | ACTUAL SIGNATURE | X | To | J | M | TITLE (SPE | stant | MEDICAL E | XAMINER | DATE | NED2 | 2/28/ | /85 |
| 7 24- | | EXAMINER'S NAME (TYPE OR PRINT) | Greg | ory R. I | Kauffman, M | .D. | ADDRESS | | l Penr | | | | | |
| | | urial, cremation, r spec**Burial | | | 1985 Pa | | wnCem | | A LOCATIO | | Mont? | | 0 | Md. |
| (5)) | 24. F | NAME 9013 | howard | ADDRES | | un'l | · Home | | D. BY REGIS | STRAR 256 RE | GISTRAR'S | SIGNATU | RE | |



Md.

Inc.

(VRA 15, 4)



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FOR STATE

| | REG. N | 10. | | | |
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| 2E D | CATLL | (20.151) | DAY | VE + D | AL LIGHT |

| | REGISTRAR | | | | | | | REG. NO. | | | |
|-----------------------|--|--|---|--|------------------------------------|---|--|---|--|--|--|
| | EASED NAME | FIRST | A | NDDLE | L | AST . | 20. DATE OF D | | ONTH DAY | YEAR | 26 HOUR |
| (1AbE C | OR PRINT) | Lillian | | E. | Novak | | 2.2 | . 19 | 85 | ** | 12:30 |
| 3. SEX | | | RACE | , iii | 5. DATE O | | 6. AGE (IN YEA | RS LAST BIRTHD | AY) IF | UNDER 1 YEAR | IF UNDER 24 H |
| | | | | | MONTH | _DAY YEAR | | | MON | NTHS DAYS | HOURS M |
| | Temale | | Cauca | | Feb | . 8. 1918 | A DAITHIOD | 66 | YRS. | EDEATH | |
| | OUNTRY) | OR FOREIGN /b. | | WHAT COUNTRY? | MARRIE | NEVER MARRIED | 9. BALTIMOR | E CITY OR C | LOUNITO | FDEATH | |
| | shington, | | | S.A. | WIDOWE | | Prince | | | | |
| IO CIT | Y OR TOWN OF | DEATH 11 | | OSPITAL, NURSIN | | R OTHER INSTITUTION | 120 USUAL OF | | | 126. KIND (| OF BUSINESS |
| La | nham | Do | | Hospital | | G. Co. | Homem | | | Hon | |
| USUA 13a ST | L RESIDENCE HEN | JURSING HOME OR OT | HER INSTITUTION | GIVE RESIDENCE BEFORE | E ADMISSION) | | | | 10.0000 | | |
| | yland | P.G. | | Berwyn H | | 13d INSIDE CITY LIMITS? | 13e.STREET AL 8825 C | | | n. / | 20740 |
| THE PERSON NAMED IN | THER'S NAME | 12.00 | 00. | DCI WYII II | IN OD | 15 MOTHER'S MAIDEN NA | | WIIII II | ZII OIII I | DT 0 | 20 140 |
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| | ES, NO OR UNKNOWN) | | | | - 1 | | | | | | ll Driv |
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DHMH - 16 50M 4/83 (VRA 15, 4)

Chambers Funeral Home Riverdale, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S GONTHE



| 10 | 6 | 1. | FOR STATE REGISTRAR | DEPARTN | CERTIFICATE OF DEATH | REG. NO. | |
|--|--|---------------|---|--|---|--|---|
| noy be page 3 | | (TYP | CEASED NAME FIRST | MIDDLE . | O'DWYER | | DAY YEAR 20 HOUR 26-85 2 P. M |
| ge 8 me | | 3. SE | Male | Caucasian | Jan. 12 1902 | 6. AGE (IN YEARS LAST BIRTHDAY) 83 YRS | MONTHS DAYS HOURS MIN. |
| | 41 | 7a. B | IRTHPLACE (STATE OR FOREIGN COUNTRY) Wash., DC | U.S.A. | MARRIED NEVER MARRIED MIDOWED DIVORCED | Pr. Geo. | TY OF DEATH |
| 0 | 20 | 10. C | Hyattsville | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET, CATTOLI MAD | | 120 USUAL OCCUPATION (1495-05 WORK FOR MOST OF WORKING | 12b. KIND OF BUSINESS OR |
| AND 2120 | 36 | USU 13a. | AL RESIDENCE (IF NURSING HOME O STATE 136 COU Md. Pr | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY | ADMISSION) 13d. INSIDE CITY LIMITS? YES A NO | 13. STREET ASPESS LaS | Ralle Rd. 20782 |
| MARYL, and sed within ompletely ond 2 sh | 164 | | ATHER'S NAME William | MIDDIE. O'Dwy | | E, induce | Beckman |
| TMORE, | medicol | | WAS DECEASED EVER IN U.S. AF | RMED FORCES? VE WAR OR DATES) 166 SOCIAL SECU 714-07 | 2-8742 Joseph I | | 606-White Oak ilver Spring, |
| N. PRESTON ST., BAL at the deoth certificate y the offending physicis removes corbonopoper cremotion, or removal. | | | | DUE TO, OR AS A CONSEQUE | NCE OF MOTOR - MO | Ma. Mitis Chuminion | APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH Zelamps 5-15 yrs |
| IL RECORDS, 201 The low requires the profit of the prior to buriol, then please ene prior to buriol, | ows any injury, or o | CERTIFICATION | PART 2. OTHER SIGNIFICANT MEM 19a DATE OF OPERATION | Tal Merano | DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF Y | FISH IN PART TO |
| DIVISION OF VITAL RECORDS NG PHYSICIAN: The low requirent of the physicion. Offer this certificate has been signifier this certificate has been signifier this certificate provisity permit. They have a Meeting Hygene prior to a fine and Meeting Hygene prior to a fine and Meeting Hygene | 8 | MEDICAL CERT | 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | ATH HOUR A.M. MONTH DA | 19 211. LOCATION | RED (ENTER NATURE OF INJURY IN ITEM I | |
| TO HOSPITAL OR ATTENDING retoined by the hospitol or on TO FUNERAL DIRECTOR: After should be detached for use os! with the Store Dept. of Health or with the Store Dept. of Health or Store Dept. Or Store Dept. of Health or Store Dept. of Health or Store Dept. of Health or Store Dept. Or Stor | ORTANT: If them 21 is mo | | 22a. 8 certify that (I) (this hosp saw the deceased olive or obove, (I) (we) (did) (did not see that the see | of) view the body after death. F. MCM | DEGREE ATTENDING | death accurred on the date and h | our and from the causes stated 22c. DATE SIGNED 2 - 2 G 8 5 |
| 8P | - W | 23a. | BURIAL, CREMATION, REMOVAL (SPECH Burial | 2/28/1985 236.N | IAME OF CEMETERY OR CREMATORY Glenwood Com. | Vasin., D.C. | COUNTY STATE |
| DHMH - 16 50M (VRA 15, 4) | 4/82 | 24 F | UNERAL DIRECTOR Na 116 | y's F'.H. Inc. ADDRESS | Mt.Rainier, 250.DA MAR 0 4 | TE REC'D. BY REGISTRARISS. REGISTRARISS. REGISTRARISS. | STRANS SIGNATURE |
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STATE OF MARYLAND

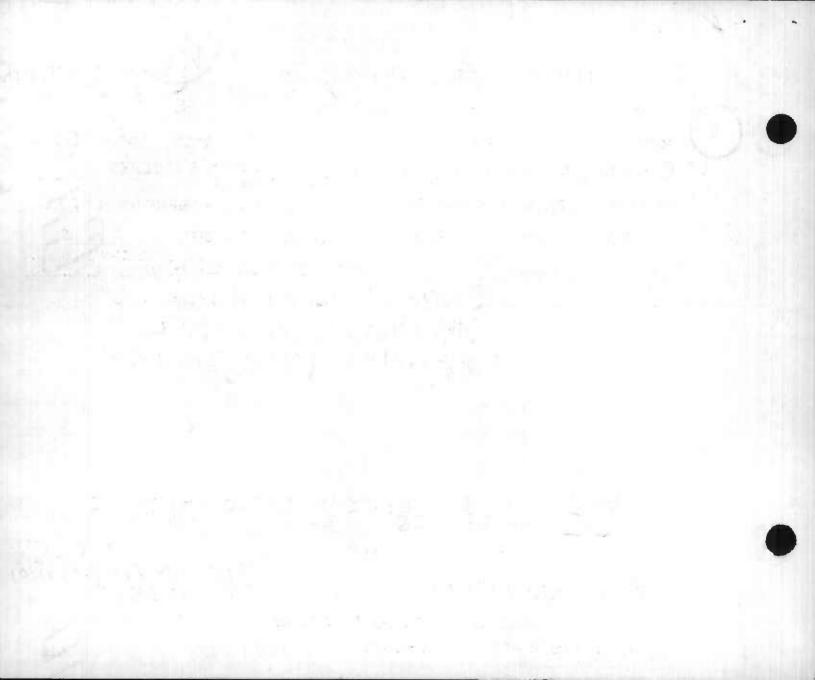
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| | | STATE REGISTRAR | | | | | | | NER'S C | | | | | REG. N | 10 | 68 | | |
| h | DEC | EASED NAME | _ | FIRST | | | WIDDIE | | | LAST | | | 20. DATE K | | | H DAY | Y YEA | 12b. HOU |
| l | (TYPE | E OR PRINT) | Т | denant | | N | [-] | | - | \7 * | | | OF DEATH | ESTI- | | h 6 | 5.19 | 85A. |
| 5 | SEX | 4 | RACE | oseph | S. DATE O | | elso | | YEARS IF UN | DER I YR. | TIF UNDER | 24 HRS | 2c. DATE | | Fe | b. 6 | Y YE | AR AL HOU |
| | Mi | ale | Whi | te | June | DAY | YEAR | LAST BIRTH | YRS. | DAYS | Hours | MIN. | PRONOUNG | ED | Fel | h 6 | 5 19 | 85A. |
| į | 0 81 | RTHPLACE (STAT | | | 76 CITIZE | N OF WH | AT COUN | ITRY? | Ta | - 7 | VER MARRI | [] | 9 BALTIMO | RE CITY | | | _ | |
| ľ | | irginia | | | U. | S.A. | | | WIDOW | | DIVORC | | Prir | ice G | eorg | 618 | Con | ntw w |
| ŀ | | TY OR TOWN OF | DEAT | Н | II NAME | OF HOSE | | | AE, OR OTH | ER INSTITU | | 120. US | UAL OCCUP. | ATION (TY | PE OF WORK | K 12b K | KIND OF | BUSINESS |
| | Net | W Carrol | 1to | n | 0 | | _ | on St | | 201 | 784 | Ret | ipervi | lecor | ds | | B.I | |
| į | | L RESIDENCE (IF | IN NURS | | OTHER INSTI | | RESIDENCE | | SION) | | | | REET ADDRES | | | | | |
| ю | | ryland | P | rince | Geor | rge's | | | ollton | | NO [] | 831 | LO Nich | olso | n St | reet | t | 20784 |
| | 14. FA | THER'S NAME | | | MIDDLE | | | | | | ER'S MAIDE | _ | E | DIE | | | LAST | |
| | J | seph | | | L | | | iver | | Ma | ary | | MIL | NIE | | (| Case | v |
| Ì | 6a. V | VAS DECEASED E | VERIN | U.S. ARMI | ED FORCE | | | CIAL SECUR | ITY NO. | 17. INFOR | | | | ADDRES | S | | -000 | |
| | | s Marin | | W.W | | , | 578 | 03 7 | 134 | Jose | phine | F. | Oliver | S | ame | as # | 炸 3 | |
| | | 18 CAUSE OF E | DEATH | (Enter only | one couse | per line | or (a), (b) |), and (c).) | | | | | | | | 105 | APPROXIA | AATE INTERVAL |
| | -88 | PART I DEAT | | S CAUSED | | Ac | ute | myoca | rdial | disea | ase | | | | | BC | IMEENO | NACT AND DEATH |
| ı | | | | NAME DIA 1 | | , | AS A CON | SEQUENC | E OF | | | | 1113 | | | | | Title 1 |
| 1 | | Conditions, gave rise | | | | ch | roni | c myo | cardia | 1 41 | sease. | | | | | | | |
| ł | | couse (a) st | oting t | | DUE | / | | ISEQUENCI | | | , , , , , , , , , , , , , , , , , , , | | | | | | | |
| l | | lying cause | lost. | | (| .) | | | | | | | | | | | | |
| ı | | PART 2 OTNER SIGNI | FICANT (| CONDITIONS CO | , , | - | UT NOT RELA | TEO 10 THE TE | RMINAL DISEASE | OR CONDITIE | ON GIVEN IN PAI | RT 1 to | | | | _ | | |
| ı | NO | Non | e | | | | | | | | | | | | | | | |
| h | Y | 19a. DATE OF O | | ION | 19b | CONDIT | ON FOR | WHICH OP | RATION W | AS PERFO | RMED? | | | | | 20 | AUTOP | SY? |
| 1 | IFIC | None | | | | | | | | | | | | | | | YES [| NO 😨 |
| | MEDICAL CERTIFICATION | 210. EXTERNAL | - | | | TIME OF | | DAY YE | 21c. HC | OW INJUR | Y OCCURRE | D IENTER | NATURE OF INJU | RY IN ITEM 18 | PART I OR | PART 2} | | - |
| | AL | UNDERLYING CONTRIBUTING | | R AUSE OF DE | | P.M. | MONIH | 19 | | ne | | | | | | | 4 | |
| | EDIC | 21d INJURY OC | CURRE | D | | PLACE O | | (AT HOME, | 21f LO | TREET | | | | | | | | |
| | ¥ | WHILE AT WORK | W TOV | VHILE | 3 | IRECT, PACIE | MT, FARM, E | 10) | 3 | IKCCI | | | CITY OR TOW | N | | COUNTY | | STATE |
| | | 22a. I certify | h - 1 1 4 | | of the see | | albankation | bald | Autop | | Inspection | Y | | | . 4 % | | | |
| | | | | | | | | | | . — | | _ | Inquiry | | nd in my | opinion | | |
| l | | death resulted | from: | Noturo | l couses | M., | Accident | - | ouicide | | cide . | Unde | termined mor | ner . | | | | |
| l | | ACTUAL | | p. to | D | // | / | | | - | SPECIFY) | | | | DAT | E | 2/6 | 10- |
| t | | SIGNATURE | - | | | - | - | - July | M | .D | igla | Semi | inary F | NER Cood | SIGN | NED | 2/0 | /05 |
| l | | EXAMINER'S NA | AME | John | S. 1 | Roger | e M | .D. | | ADDRESS_ | - | | oring. | | acme. | *** | Ма | |
| | 23a BI | JRIAL, CREMATIC | | | DATE | -0801 | | - | EMETERY O | | | 123d L | OCATION | TIOH | | 100 | FILLS | |
| ľ | | Burial | | | | 3, 19 | - | | Cemet | | J., 1 | CITY | sburg | T. | oudo | YTAUC | Vi | state rginia |
| | | INERAL DIRECTO | OR . | | | | -1 | | | - J | 250. DATE F | | Y REGISTRAR | Ab REG | E RAR'S | | UR | |
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| 4 | 1/ | // Darur | MOI | O MVC | | Jac | 7011 | | 2 | .0701 | | | | | | | | - |

rovito malo dasso. . 30 .00 Hale June 27, 1914 70 Feb. 6, 854. Virginia U.S.A. rince erree'r John y New Unroll on (300 Michair on Direct 2028) ariland frince Gror o's New Jerrol ton x 610 ich leen Street 2075 Joseph I. Cliver Mary Common Tes serings 8.V.II 576 03 713+ Josephin 1. Cliver Seme as 113 . cute ry car'id in esc cirnic portil dire e. 28/8/85 Deputy leis winery ded John S. Rorers, 1.D. Silver arring, font orry, in. surial leb. 8, 1985 Union Constery December leaden Virginia

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to another the and of dell into my in the day Sold Author Apt Crostn 0570S .hr, Mindterno Fielto , mensh .wr 1905-71-758 1919 Townson - Cil. Sec. Many of Tiere Eventter 12. TI themution Web. 14. 1971 St. Timcoln frameters Marentoned F. Janeh M. Sonis P. R. P. V. Pyllsville, M. Criadell 2- L. 1982

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| - D | | REGISTRAR | FIRST | EDICAL EXAMINER'S | CERTIFICATE OF | REG. NO. | |
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| FEESTARY INFRAL DII FOR YOU WITHIN 72 PRESTON 9 |) F | DREIGN COUNTRY) | Th. CITIZEN OF W | | RIED NEVER MARRIET | - Critto. | GO MY MD. |
| AY IS THE FILED. | 19.5 | TY OR TOWN OF DEATH | , II. NAME OF HO | OSPITAL, NURSING HOME, OR OT | | 12a USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) Waitress - Ret | WORK 126 KIND OF BUSINESS OR INDUSTRY |
| 21201 F ANY DEL/ AND 3 TO RETAIN P. HOULD BE | 13a | STATE 13b | COUNTY COUNTY | GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Oxon Hill | 13d INSIDE CITY LIMITS? | 1313 Southern | 207/15 |
| a - aim | | ATHER'S NAME | WIDDLE | LAST | 15. MOTHER'S MAIDEN | | LAST |
| ORE, ME DEATH. CGES 1, SW PM 1 AND 2 | 0 | Archer | | Freeman | Lucy 17 INFORMANT | ADDRESS | Ferguson |
| BALTIMORE, IRS AFTER DEAT S. GIVE PAGES WITH FOR N PI F. PAGES IAN PI DIVISION OF N | 1 100 | WAS DECEASED EVER IN U YES, NO, OR UNKNOWN) | J.S. ARMED FORCES? YES, GIVE WAR OR DATES) | 579-09-7358 | Dorothy Fr | | |
| DS, 201 W. PRESTON ST., XECUTED WITHIN 24 HOU 4G" IN PENCIL IN ITEM 18 4G EXAMINER ALDING V BURRAL TRANSIT PREMIT AND MENTAL HYGIENE, I ATION, OR REMOVAL. | | Conditions, if any, gave rise to imm cause (a) stating the lying cause lost. | which nediate under- (b) DUE TO, O | OR AS A CONSEQUENCE OF | | es Vasseder che | |
| AL RECORDS, 201 OULD BE EXECUTE "PENDING" IN FR "PENDING" IN F "PENITH AND M AL, CREMATION, | CERTIFICATION | 19a DATE OF OPERATIO | | DITION FOR WHICH OPERATION | | 1100 | 70 AUTOPSY? |
| DIVISION OF VITAL RECORDS, S CRITICATE SHOULD BE EXECRITING THE WORD "FENDING" ROBE TO THE CHEEF MEDICAL RE 3 SHOULD BE USED AS A BUR E DEPARTMENT OF HEALTH ANI OUT PRUOR TO BURIAL, CREMATII | MEDICAL CERTIF | 210 EXTERNAL CAUSE W UNDERLYING OR CONTRIBUTING CAU | SE OF DEATH P. | M. MONTH DAY YEAR M. 19 | | LENTER NATURE OF INJURY IN ITEM 18 PAR | YES NO PART 2) |
| DIVISIO THIS CERTIF V. WRITING PAGE 3 SHO TATE DEPAI | MED | 214 INJURY OCCURRED WHILE AT WORK AT WORK | ILE STREET, FA | OF INJURY (AT HOME, 211 L ICTORY, FARM, ETC.) | OCATION STREET | CITY OR TOWN | COUNTY STATE |
| TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE PORN TO FUNERAL DIRECTOR; PAFTER DEATH, WITH THE STERN DIRECTOR; PARTER DIRECT | | 22a certify that too death resulted fram: | k charge of the remains di Naturol causes | escribed above, held an Auto Accident , Suicide | hopsy . Inspection . Homicide | Undetermined monner | DATE 2-20-85 |
| O MEDIO XECUTE A AGE 4 5 FTER DE | | | gusto P. Rodrig | | ADDRESS | burn Ct., Temple Hi | lls, Md. |
| BP | 230 | Burial, Cremation, Remo | 2/22/85 | Vashington | | Suitland P. | G. Maryland |
| DHMH - 17 (VR A15 ME (5)) | 24 1 | UNERAL DIRECTOR NAME eorge P. Kal | as Funeral | 6160 Oxon Hill Home Oxon Hi | Rd. 250. DATE RE | C'D. BY REGISTRAR 256 REGISTI | RAR'S SIGNATURE |
| 20M 4/B2 | | | | | | 1000 | |

To be the file of the state of Marie a los 1 .. Common Mallis 19313 - Dark or Marines 42 of Interess - libral Roots. ford me brines beer a team 1411 - 1213 octoberra wante 6225 de apresent restoro de l'ell'est d legiting ton 1 11. 'n. Buttli nd 2.0. Marthand the state of the s

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cremotion

After this certificate has been

TO FUNERAL DIRECTOR.

attending physicia

should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior

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If hem 21 is

IMPORTANT:

CERTIFICATION

MEDICAL

FOR STATE

P.G.

MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| U. | 0 | Reg. |
|----|---|------|
| | | |

| REGISTRAR | | | REG. NO. | | |
|--|---------------------------------------|--|---|-----------------|-----------------|
| I. DECEASED NAME FIRST PAUL | WIDDLE | PARKER | 20. DATE OF DEATH MONTH 02-0 | 3-85 | 5 25PM |
| 3. SEX | 4. RACE | 5. DATE OF BIRTH | 6. AGE IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| MALE | BLACK | FEB 24 1918 | 66 YRS. | MONTHS | HOURS MIN. |
| 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA | 76. CITIZEN OF WHAT COUNTRY? | MARRIED X NEVER MARRIED WIDOWED DIVORCED | PRINCE GEORGE | | Υ |
| O CITY OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE STREET | NG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING | | OF BUSINESS OR |
| USUAL RESIDENCE IN NURSING HOME 130. STATE | T 7 3 3 7 7 0 7 7 7 | /N 13d. INSIDE CITY LIMITS? | 3304 DODGE PK. | KD. 2078 | 35 |

YES X

NO [

| FRANK S. | PARKER, SR. | | | MIDDLE | SCOTT |
|---------------------|---|-----------------------------|-------------------------------|------------------------|------------------------------|
| | IN U.S. ARMED FORCES? [# YES, GIVE WAR OR DATES] | 240-32-9719 | 17 INFORMANT LILLIE MAY PARKI | ADDRESS ER (SAME AS | ITEM #13) |
| 18 CAUSE OF DEATH W | H (Enter only one couse per | Tine for (a), (b), and (c). | T VESTOICH AR | TACHYLAR | APPROXIMATE BETWEEN ONSET |

LANDOVER

IMMEDIATE CAUSE (O) NELVKRENT VEN IKI CULAR TACHTIAKOTA ENCEPHALOPATHY Conditions, if ony, which couse (a), stating the underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

| DATE OF OPERATION | 196. CONDITION FOR WHICH OPERATIO | 20a AUT | OPSY? | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT | | |
|----------------------------|-----------------------------------|--|-----------|--|-----------------------------|------|
| | | CHARLES AND ADDRESS OF THE PARTY OF THE PART | YES 🗌 | NO | YES [| NO [|
| In ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21c. HOW INJURY OCCURRED | D (ENTERN | ATURE OF INJUR | Y IN ITEM 18 PART 1 OR PART | 2) |

HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION CITY OR TOWN COUNTY STATE

| 22a I certify that (I) (this hospital) | attended the deceased from. | 7.03 | 19 | 2.07 | 19 5, that (I) (we) last |
|--|-----------------------------|-----------------|---------------------------|----------------------------|------------------------------|
| sow the deceased alive on obove. (1) (we) (did) (did not) vi | ew the body ofter death. | ond that in (my |) (our) opinion death occ | turred on the date and hou | r and from the causes stated |

226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 236. DATE BURIAL 2-14-85

NOT WHILE

23c NAME OF CEMETERY OR CREMATORY HARMONY MEMORIAL PARK

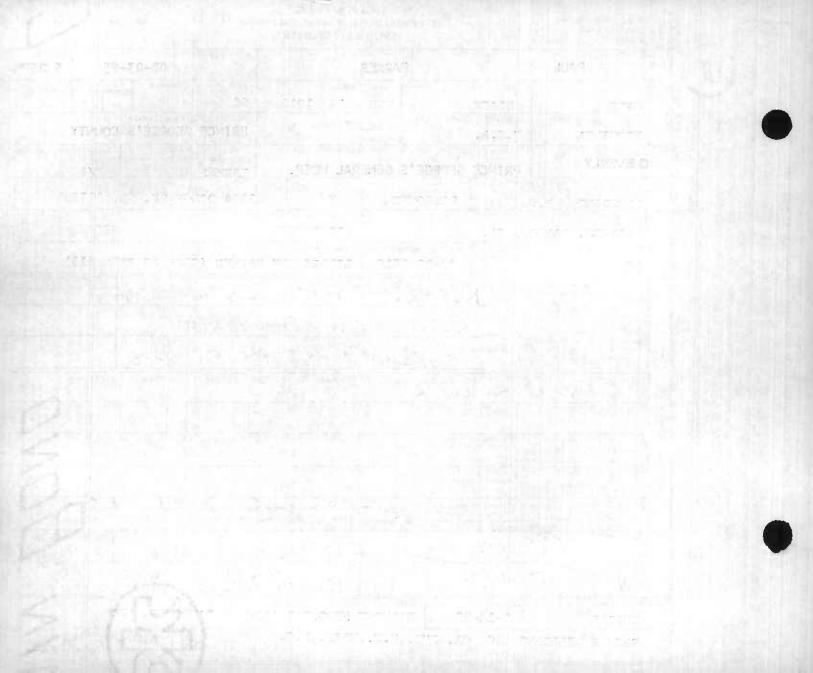
CIT L'ANDOVER, MDOUNTY

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

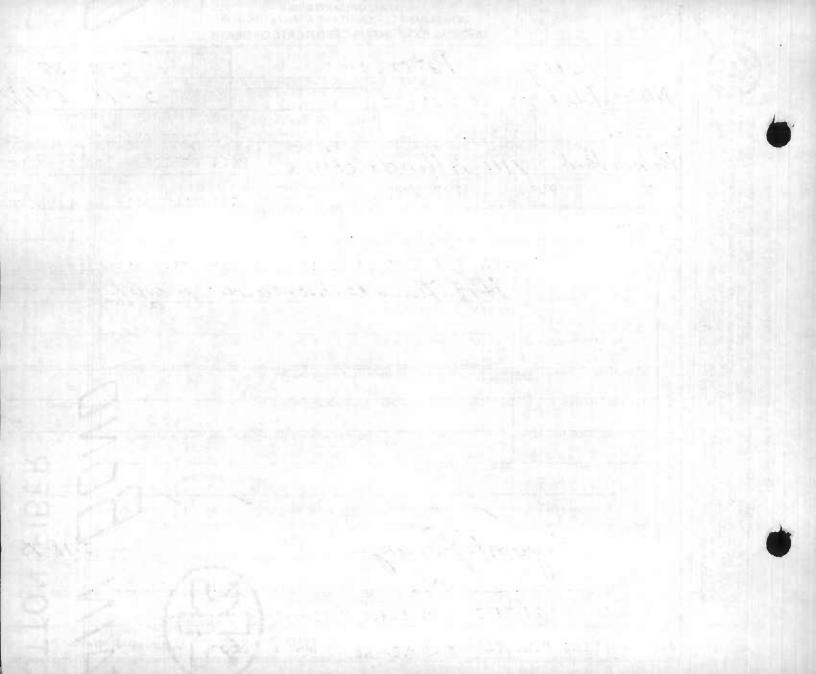
BP.

24 FUNERALDIRECTOR WILLIAMS, 4804 GA. AVE., N.W., WASH., D. C. PEBER



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN CTYPE OF PRINTS DEATH MATED AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IE UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 29 192 DEC DEAD 63 RS THE BIRTHPLACE CITATE ON 76 CITIZEN OF WHAT COUNTRY? 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED DOMESTIC CONTRACTOR OUSIANA U.S.A. WIDOWED DIVORCED PRINCE GEORGES

128 USUAL OCCUPATION (TYPE OF WORK 1125 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION POSTOFWORKING OR INDUSTRY GOVERNMENT 136 COUNTS 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 30. 94 DE LANDOVER YES [NO [] 2111 ALLENDALE IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST LEROY PETERSON ADA UNK 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS LIE YES GIVE WAR OR DATES! YES WWII&KOREA 434-26-1611 MILBY PETERSON 8111 CAUSE OF DEATH (Enter only one cause BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: remo-cardiovascu IMMEDIATE CALL DUE TO OR AS A CONSEQUENCE OF Canditions, if onv. which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO I 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. IL LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE STATE AT WORK AT WORK 220 I certify that I taok charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted fram: Natural causes Accident Suicide L Hamicide ____ Undetermined manner TITLE (SPECIFY) DATE 3-18-85 ACTUAL Deputy SIGNATURE EXAMINER'S NAME TYPE OR PRINT Augusto P. Rodriguez, ADDRES 5009 Rayburn Ct., Temple Hills, Md. 230 BURIAL CREMATION REMOVAL 236 DATE 73r NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURIAL 2/22/85 ARLINGTON NATIONAL BP ARLINGTON 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JENKINS F.H. 7474 KANDOVER RD **DHMH - 17** Druidson- Bonsallo (VR A15 ME (5)) 20M 4/82



CARCAGO ANTONO DE CARCA DE LA CARCA DEL CARCA DE LA CARCA DEL CARCA DE LA CARCA DEL CARCA DELA CARCA DEL CARCA DEL CARCA DEL CARCA DE LA CARCA DEL CARCA DE LA CARCA DEL CARCA This good bould's and the second s diny instituted in the Prairy Village Williams Split was 1.0.7 , without 1.2 to come again a garage medical and make the state of t gra on the The interest of the property of the contract o Carto Tuneral Come. - aldores are leaded to the contract of the

9013 Annapolis Rd. Lanham Md. 20706-18

(VRA 15, 4)

STATE OF MARYLAND

THE PROPERTY OF THE PARTY OF 175-16-1327 Joseph Jordan (10) 17th Aye. her Christians, on Telephone with the company of the co FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B3 (VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

4125 BURROUGHS AVE.

REG. NO.

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

a.

STATE

YES [

COUNTY

22c. DATE SIGNED

IF UNDER 24 HRS

IF UNDER I YEAR

(Unknown)

| 1982.0 21-04-9n | 2.00 | | . 1, | 733-J6 | |
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| Project depleters | X . | | .A.8. | V | vav. |
| Self-employed Ericklever | JATTISCO JASSITAL | MD 51.10 | | 189 | N. Mayes |
| 807 Belsamtree Dr. | 7 31 | ranga I T | dasc.S | .4 | 5.0 |
| (monaci) | eggedIA | 211 | tel | | ŝe√ |
| ottus-Sameas / 13 above | of Lestine : | -10-64- | 576 | | 07/ |
| | 111 | | | | |
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| | | | | | |

2/22/25

and I

| | 1 - | FOR STATE REGISTRAR | | | DEPARTN | NENT OF H | E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH | GIENE 8 5 | O NO. | 60 | 7 0 | |
|----|---|--|--|--------------------------------------|--|------------|--|---------------------------------------|------------------|-------------------|--------------------------------------|--|
| | | CEASED NAME | FIRS1 | MIDE | DLE | į | AST | 20 DATE OF DEATH | HINOM | DAY YEAR | 26 HOUR | |
| | (I TPE | OR PRINT) | MARY | W | | PC | DLLEY | FEBRUARY | 19, 19 | 985 | 2:36P, | |
| | 3 SE | X | 4. | RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST | BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS | |
| | 0.75 | FEMALE | 7.15 | BLACK | | MONTH 5 | 20 31 | 53 | YRS | WONTHS DATS | HOURS MIN. | |
| 10 | | RTHPLACE (STATEO | R FOREIGN 76 | CITIZEN OF WH | AT COUNTRY? | 8 | NEVER MARRIED | 9 CALTIMORE CITY | | OF DEATH | | |
| 0 | | N.C. | I | U.S.A. | | WIDOWE | | PRINCE | GEORGI | E'S | M | |
| 16 | - | TY OR TOWN OF D | ATH 11 | | | G HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUP | | | F BUSINESS OF | |
| 2 | / | LANHAM | D | OCTORS | HOSPITA | | PR. GEO. CO. | CLERK | IT OF WORKING LI | FE) INDUSTRY | | |
| 36 | | AL RESIDENCE (IF NO STATE MD. | 136 COUNTY | | LANDOL | N | 134 INSIDE CITY LIMITS? | 136 STREET ADDRESS HILL RO | | 208 20 | 5784 | |
| 00 | 14 FA | EDWARD | FEARŘ. | ÏNGTON | LAST | | IS MOTHER'S MAIDEN NO. | MAE MAE | F | RATT 'AS | Té | |
| 1 | | VAS DECEASED EVE (ES, NO OR UNKNOWN) NO | R IN U.S. ARME | AR OR DATES) | 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 240-48-1435 RICHARD POLLEY 208 HILL RD. (HUSH | | | | | HUSBANI | | |
| | | Conditions, if on gove rise to in couse to l, stat underlying cou | nmediate ing the se lost | (b) DUE TO, OR A | s a conseque | NCE OF | | | | | | |
| | NO | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | | | |
| 1 | 19d DATE OF OPERATION 19b CONDITION FOR WHI | | | | ON FOR WHICH | OPERATIO | | | | | RE FINDINGS USED CAUSES OF DEATH? NO | |
| 1 | U | 210. ACCIDENT WAS U OR CONTRIBUTING | CAUSE OF DEATH | 21b. TIME OF II HOUR A.M. P.M. | MONTH DA | Y YEAR | 21c. HOW INJURY OCCUP | RED (ENTER NATURE OF IT | I MET MI YRULI | PART I OR PART 2) | | |
| 1 | MEDICAL | 21d. INJURY OCCU | VHILE | 21e PLACE OF {AT HOME, STREET, | INJURY , FACTORY, OFFICE, F | ARM ETC) | 211 LOCATION STREET | CITY OR | TOWN | COUNTY | STATE | |
| | | sow the deced | 220.1 certify that (1) (this hospital) attended the deceased from 2/12 19.85 to 2/19 19.85 that (1) (we) lass with edeceased alive an 2/19 19.85 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did and view the body after death. | | | | | | | | that (t) (we) los couses stated | |
| | | 226 SIGNATURE | 226 SIGNATURE DEGREE Patholo | | | | | athologist MEDICAL S DIRECTOR PHY | TAFF | 22c DATE 2/2 | SIGNED | |
| 1 | | JERRY B | | I, M.D., | PATHOL | OGIST | 8118 Good Lu | | | PR. GE Md. 207 | | |

231 NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

ISTRANT REPOSTRAR'S SIGNATURE

STATE

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physician

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DHMH - 16 60M 7/84 (VRA 15, 4)

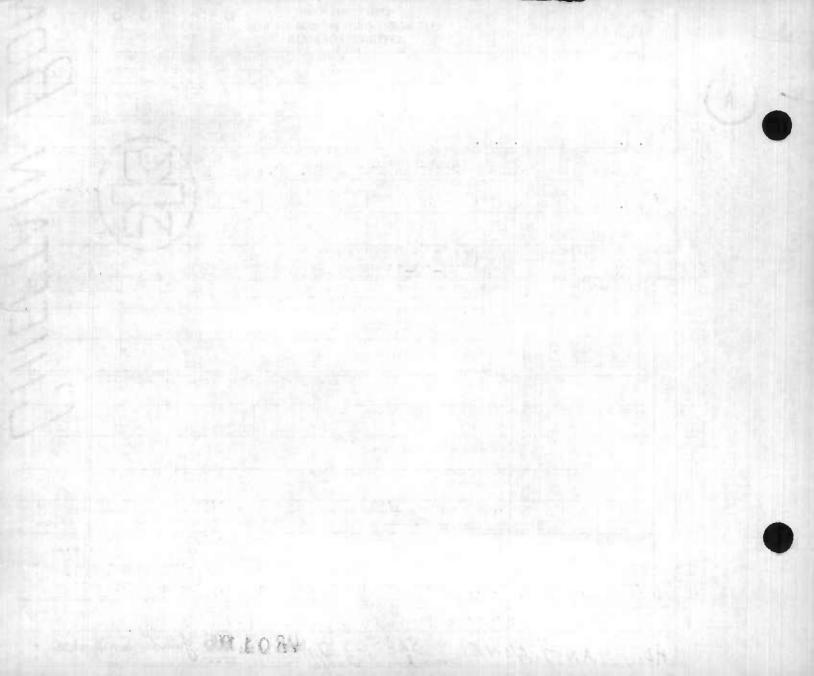
23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

24 FUNERAL DIRECTOR

236 DATE

should be detached for use as the burial-transit perm with the State Dept, at Health and Mental Hygiene pr TO FUNERAL DIRECTOR: After this certificate has TENDING



DIVISION OF VITAL

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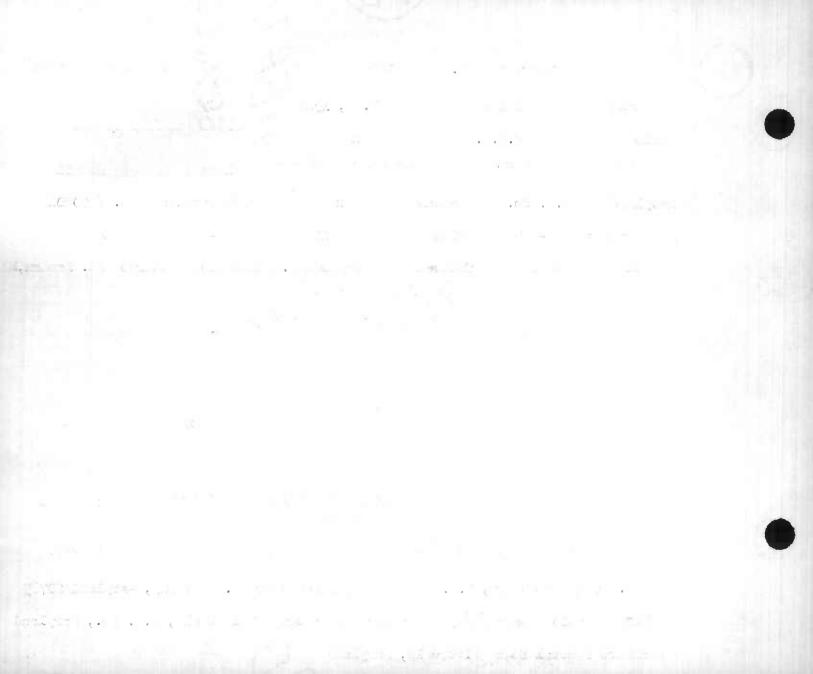
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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LASI 2a. DATE OF DEATH 2h HOUR 1 DECEASED NAME MIDDLE 11:25 PM (TYPE OR PRINT) 02 - 28 - 85RAYMOND PRICE E. IF UNDER 1 YEAR 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR Male White Feb. 1900 YRS. 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY PRINCE GEORGE'S COUNTY DIVORCED [WIDOWED Ohio III CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS PRINCE GEORGE'S GENERAL HOSPITAL CHEVERLY Clerk Retail USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE
136 COUNTY
137 CITY OR TOWN 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 7107 Patterson St Lanham YES 😿 NO [Maryland Co 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE 1.651 Charles Price Alice Hoseman ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Price 7107 Patterson St. WWI Unknown Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line form PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX NO [71a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 71b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDIC AL EXAMINER) P.M 211. LOCATION 71d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (I) (this Hospital) attended the deceased from saw the deceased alive on above, (I) (was) (did (did not) view the bady after death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE A MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224. PHYSICIAN'S NAME (TYPE OF PRINT Landover Rd. Cheverly, Maryland 2078 Dr. Barry Rosenberg, M.D. 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e BURIAL, CREMATION, REMOVAL CITY OF TOWN COUNTY KMX Cremation Chambers Crematory Riverdale. P.G. Co., Maryland BY REGISTRAR 25h REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a. DATE REC'D DHMH - 16 50M 4/83 Boundson-Chambers Funeral Home Riverdale, Maryland



DEPARTMENT OF HEALTH AND MENTAL HYG - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN AONTH TYPE OR PERCE OF ESTI-IF UNDER 24 HRS DATE PRONOUNCED 40 DEAD IN BIRTHPLACE CHAIF OF TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED POREIGN COUNTRY: U.S.A. Pennsylvania WIDOWED [DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Construction Worker OR INDUSTRY Capitol Heights tuenue 3a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince Georges Capitol Hts MD 20743 NO [] 617 Elfin Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 1 AND 2 MIDDLE MIDDLE LAST LAST Rosie Unknown Edward 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO DIVISION 617 Elfin Avenue Capitol Hts, MD 20743 PAGES NO OR UNKNOWN) 217-44-6774 Sonia H. Proctor 18 CAUSE OF DEATH (Enter only one couse por line for (o), (b), and (c). APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY: tippolia mellelin IMMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? THIS CANTING THE WARNED TO THE CHIE RWARD TO THE CHIE IS PAGE 3 SHOULD BE USEN THE DEPARTMENT OF THE D 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3: AFTER DEATH, WITH THE STATE DE BALTMORE, MARYLAND, 2120! P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion death resulted from: Homicide Natural couses Suicide Undetermined monner Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME AUGUSTO P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Temple Hills. Md 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) Burial 3/4 Lincoln Memorial Cemetery Suitland Prince George's MI 07/84 24 FUNERAL DIRECTOR ROLLINS FUNE 25M 250, DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 4339 HUNTOPLACE, N.E. **DHMH - 17** whice Devideor (VR A15 ME (5)) WASHINGTON, D.C. 20019

STATE OF MARYLAND

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ROLLES FIMES, HARRING PERFORM COLLERY SULDAND TELCER GOLDS AND ACTIONS AND ACT

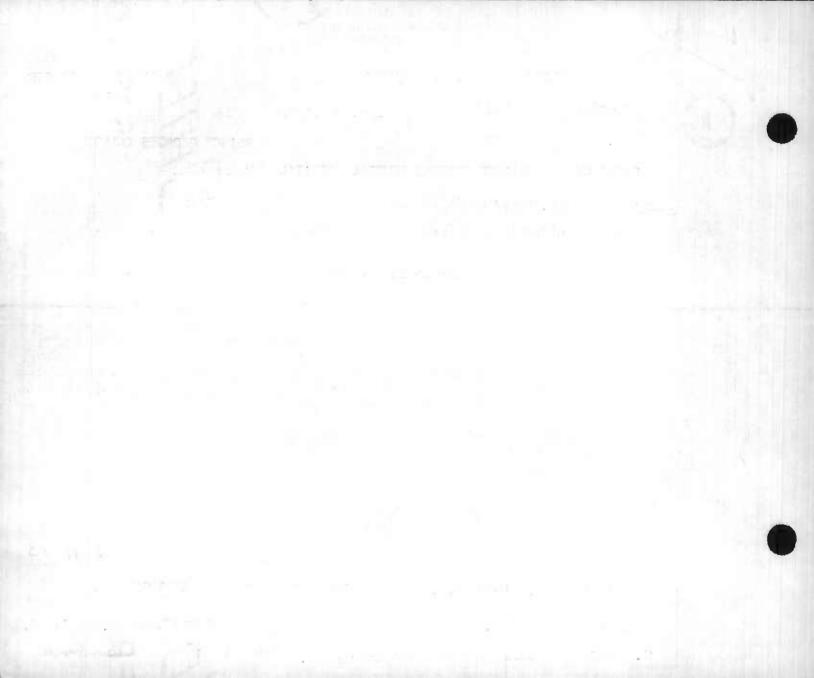
| 1 | 1 | | | STATE OF MARYLAND | 8 5 0 | 60/4 |
|--|--|---|--|---|--|---|
| - 4 | 1. | FOR STATE | DEPA | RTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH | HYGIENE | |
| | | REGISTRAR | | | REG. NO. | |
| (-Ec/) | | CEASED NAME FIRST | MIDDLE | D. LAST | 2a. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| d 600 | | ganie | E. | Proctor | 7 yomany 14 | |
| | 3. SE | × (), | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST PR HDAY) | MONTHS DAYS HOURS MIN. |
| 9 B | | Female | Black | 07 03 93 | | |
| g 10 g 2 7 1 | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNT | MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COUN | 2 24 |
| Some decat | | ryland | U-5.A. | WIDOWED DIVORCED | 1 Mull geor | ger County MD. |
| 2 2 3 (D) | 10. C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR (JF NOT IN SUCH FACILITY, GIVE ST | SING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN | 12b. KIND OF BUSINESS OR G LIFE) INDUSTRY |
| 10 s of sol | 16 | huiton / | Christon Con | calescent Center | Domestro scan | |
| 213 Pon 217 | USU 430 | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION, GIVE RESIDENCE BE | FORE ADMISSION) | ? 13e. STREET ADDRESS | gygg |
| NN 24 | 10- | | | ington YES NO [| 1329 G Stre | eet.S.E. |
| ryll ship | | THER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN | NAME | LAST |
| MA by Dangle | TAT - | lliam | Grav | Sarah | MIDDLE | Gray |
| A COLOR | 160 \ | VAS DECEASED EVER IN U.S. AR | MED FORCES? - 166 SOCIAL S | | ADDRESS | |
| W S S S S S S S S S S S S S S S S S S S | 1 | YES, NO OR UNKNOWN) [16 YES, GIV | (E WAR OR DATES) 218- | 30-443 James L. | King-nephew- | 112 You St N F |
| ALTI te by secrs. | | | nly one couse per line for (o), (b) | · R ucinica D. | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| phys npop mav | | PART I. DEATH WAS CAUSE | ED BY: TE CAUSE (0) Car | 0 | ry arrest | |
| N S S S S S S S S S S S S S S S S S S S | | MMEDIA | | augues of b | | |
| PRESTON ne death c smove cordination, ar rtraumatic | | Conditions, if ony, which | DUE TO, OR AS A CONSE | ible Preumoni | a | |
| PRE d he d math | | gove rise to immediate couse (a), stating the | (0) | | | |
| W. by the see rate of the other | - | underlying couse lost. | DUE TO, OR AS A CONSE | ssible C.H.F | . Atherosclarotic | e Roat disease |
| 201 ned plec urral | | PART 2 OTHER SIGNIFICANT O | , (6) | O DEATH BUT NOT RELATED TO THE T | | |
| SDS, | No | An | ensia : | 5/0 Meningiti | 5 | |
| RECORDS, low require, so been signermit. Then the prior to b | E E | 190 DATE OF OPERATION | 196. CONDITION FOR WH | CH OPERATION WAS PERFORMED | | YES, WERE FINDINGS USED |
| 0 5 7 6 5 | CERTIFICATION | | | | YES NOT | RTIFYING CAUSES OF DEATH? YES \(\square\) NO \(\square\) |
| DIVISION OF VITAI NG PHYSICIAN: Th offer this certificate is as the burial-tronsit th and Mental Hygie orked or frem 18 sho | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 210. ACCIDENT WAS UNDERLYING | | 21c HOW INJURY OCC | CURRED (ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART 2) |
| OF CLAN | | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | | |
| AYS deng | MEDICAL | 21d INJURY OCCURRED | 21a. PLACE OF INJURY | 211. LOCATION | | COUNTY STATE |
| VISIN OF PH | Z | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFF | CE, FARM ETC) STREET | CITY OR TOWN | COUNTY STATE |
| DIN ar a all a all the answer and a see as a see | | 220 I certify that (I) (this haspi | ital) attended the deceased fro | m 11-7- 195 | PI _6 ot _P | , 19_85_, that (I) (we) last |
| TEN TOR Of H | | sow the deceased alive on | 2/14 | 0.4 | nion death occurred on the date and | |
| REC REC Feed from them them them them them them them the | | 22h SIGNATURE | at) view the bodylafter death. | DEGREE | 1 | 22c. DATE SIGNED |
| the Direction | | 1 makes | | MO ATTENDIN | G MEDICAL STAFF N DIRECTOR PHYSICIAN | 2.15.85. |
| PITA by Stories de | 1 | 224. PHYSICIAN'S NAME (TYPE C | DAPRINI) | 22e ADDRESS | A SOURCE ON THIS SCIANCE | 20735 |
| TO FUNERA TO FUNERA Thould be de with the Stot | | Nahesh (| handra | 9/3/Pis | cotourny Pd Cui | Login Minton NA |
| Carpor Od Man | 230 | BURIAL, CREMATION, REMOVAL | | 30 NAME OF CEMETERY OR CREMATO | RY 23d LOCATION | re 110 , LIIII TONITUC |
| 199999 BP-19 | | irial A | | 35 Harmony Memor | CITY OF TOWN | Over Maryland |
| 1 1 1 1 1 | | JNERAL DIRECTOR | 1. Stewart | | | GARANT SICHARRANT |
| DHMH - 16 50M 4/82 (VRA 15, 4) | C. | NAME FORTON | | Benning Road N | EB 2 2 1985 | DEDLESSE - Maria |
| (, ., | LO | tewart Fumbera | T LOWE-400T | Deliliting Road IN | · L · | |

STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE



- STATE REGISTRAR DECEASED NAME LIVE OF PRINTS

3 SEX

STATE OF MARYLAND

| EP | ARTMENT | OF HE | ALTH | AND | MENTAL | HYGIENE |
|----|---------|-------|------|-----|--------|---------|
| | CE | RTIFI | CATE | OF | DEATH | |

| | CERTIFICATE OF DEATH | REG. NO. | | |
|---|----------------------|--------------------------------|-----------------|-----------------|
| E | ŁAST | 20 DATE OF DEATH MONTH | DAY YEAR | 2b HOUR |
| | Raff | February 12, | 1985 | 8:45A |
| | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | MONTH DAY YEAR | - | MONINS DATS | HOURS MIN. |

| | WILLOC | Jan. 4, 1920 |
|------------------------------|--|-----------------------|
| BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 |
| COUNTRY) | The second secon | MARRIED NEVER MARRIED |
| Washington, D.C. | U.S.A. | WIDOWED DIVORCED |

Prince George's County NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

12h KIND OF BUSINESS OR Park Service

Bladensburg P. C. Bladensburg Maryland

4 RACE

FIRST

George

15 MOTHER'S MAIDEN NAME

4302 54th Street

Maintenance

MIDDLE

Supervisor

20710

4 FATHER'S NAME Charles

Male

10 CITY OR TOWN OF DEATH

TAN WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO

Raff

Nellie 17 INFORMANT

9 BALTIMORE CITY OR COUNTY OF DEATH

Roche

APPROXIMATE INTERVAL

Yes-Navy

W.W.II

577-18-2987A

Margaret Raff (Wife)

Same as 13e

18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and ic PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CITY OR TOWN

| ľ | DATEC | 9a [|
|---|-------|------|
| | | |
| | | |

216 TIME OF INJURY

(AT HOME STREET FACTORY OFFICE, FARM, ETC.)

20g AUTOPSY?

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

211. LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOT WHILE 22a.1 certify that (1) (this haspital) attended, the deceased fram saw the deceased alive an. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death

226 SIGNATURE

23a. BURIAL, CREMATION, REMOVAL

ATTENDING.

MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 1

23d LOCATION

Brentwood

22c. DATE SIGNED

STATE

Maryland

22d PHYSICIAN'S NAME (TYPE OF PRINT) Tummala Suryanarayana, M.D.

6492 Landover Rd. #C Landover, Md. 20785 23c NAME OF CEMETERY OR CREMATORY

Burial

Feb. 15, 1985 | Ft. Lincoln Cemetery Francisk Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

25a DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

P.G. una bayeon pariable

COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

-

| 50:3 | r est vacuation | | 1.4 | | |
|---------|----------------------------|----------------|---------------|-----------|---|
| | 50 | E 0001 , 1 .nm | es Let | | |
| | | | .1.1.1 | | 1 |
| Fundo . | Paintenangor Supervient | | | | |
| 110 | | all'a | 13 67 | es i milo | |
| | | A E24 A51 | 1 02-91-18-co | T. Long | |
| | | | | | |
| | | | | | |
| | 2 | | | | |
| | | | | | |

| STATE OF MARYLAND |
|-------------------------------|
| DED ADTMENT OF MEALTH AND MEN |

H. S. INASHINGTON + SONS 4925 BURROLIGHS AVE, W. C.

| FOR STATE REGISTRAR | DEPAR | RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH | YGIENE REG NO. | 0 0 0 7 0 |
|--|---|--|---|---|
| I DECEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| | ROTHY FRANCES | RAMSEY | FEBRUARY 7 | 1985 11:55A |
| 3 SEX | 4. RACE | 5 DATE OF BIRTH | 6. AGE (INYEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| Female | Black | Nov. 18,1920 | 64 | RS AND MAIN |
| To BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTR | Y? 8 MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COL | JNTY OF DEATH |
| Md. | U.S.A. | WIDOWED DIVORCED | Prince Georg | ge's Mc |
| 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR | SING HOME OR OTHER INSTITUTION EET ADDRESS) | 12a USUAL OCCUPATION | 12b. KIND OF BUSINESS OR INDUSTRY_ |
| Lanham | | ital of Prince Geo | . co Housewife | At Home |
| USUAL RESIDENCE (IF NURSING HOME) 130 STATE 136 CC | | | | Arden Pkwy. |
| 14 FATHER'S NAME | | 15. MOTHER'S MAIDEN I | | |
| William | Harri | son Anne | MIDDLE | Hamilton |
| 160 WAS DECEASED EVER IN U.S. | ARMED FORCES? 16b SOCIAL SE | CURITY NO. 17 INFORMANT | ADD 860 | 2 Irvin Ave. |
| No | 519-32 | 2-6409 Dorothy A | | en Arden Md. |
| gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN PROPERTION PROPE | les melli | O DEATH BUT NOT RELATED TO THE TE CHOPERATION WAS PERFORMED CAUSAL (FIELD) | 200 AUTOPSY? 200 IN C | IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? |
| OR COMPRISION CALLER OF | DEATH HOUR A.M. MONTH | DAY YEAR | YES NOW | |
| THE STATE OF THE S | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| saw the deceased alive | Not were the body after accord | DEGREE | on death accurred on the date and MEDICAL STAFF MEDICAL PHYSICIAN | 22c. DATE SIGNED |
| | | | 140 Dd #/.10 To | nham Md 20706 |
| Wendy P. J | 1 1 | 9470 Annapo | lis Rd.#418, Lat | count State |
| | 2/12/85 | RUNGTON NINTE. CE | | , VA. |
| 24 FUNERAL DIRECTOR NAME 4. 3. 14/4541 NG 701 | N + SUAIS 4925 B | SURROLLENS AVE, WE TO | TATE REC'D. BY REGISTRAR 256. RE | GISTRAR'S SIGNATURE |

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

| 43 | 0501,81 | vol. | le Elsok | e Capro H |
|--|------------|-----------|----------|-----------|
| | % | | .8.8.0 | . 5 |
| Rotsewite At Rose | | | | |
| 8625 Olen Arden Flow. | x | nong. ro | .a.s. | .5N |
| dof[] wall | Anne | rosign | e e | willton |
| . ove livi con even, m., m., m., m., m., m., m., m., m., m. | Lorothy A. | 6(19-55-6 | 52 | 24 |
| The state of the s | | | | |

Hyattsville, Md. 20781

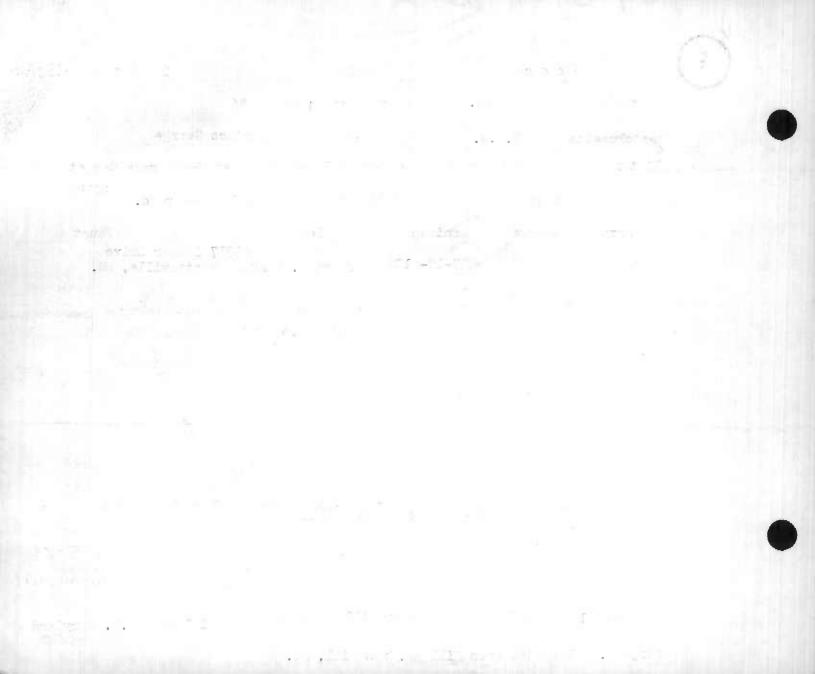
SALAND SIBSUCE BUILDER 359 32 E Santa 30 - 1-10 4 DO 8 LOW MANUEL BOURT should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 has with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT; If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical expander mystbe rostfied in medical

STATE OF MARYLAND

|] - | STATE REGISTRAR | DEP | | ICATE OF DEATH | REG. NO | | | |
|---------------|--|---|-------------------------------|------------------------------------|---|------------|-----------------------------------|--|
| | CEASED NAME FIRST | MIDDLE | · · | AST | 24 DATE OF DEATH M | AONIH [| DAY YEAR | 2b. HOUR |
| | Flore | nce | Ra | nkin | | 2 1 | 1 1985 | 6:30 AM |
| 3. SE | X | 4 RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIRTH | | # UNDER TYEAR | IF UNDER 24 HRS. HOURS MIN. |
| | Female | Cauc. | 7 | 12 1898 | 86 | YRS. | | THE STATE OF THE S |
| | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | TRY? 8. | D NEVER MARRIED | 9 BALTIMORE CITY OR | COUNTY | OF DEATH | |
| | ssachusetts | U.S.A. | WIDOWE | | Prince Geor | ge | | MD. |
| | ity or town of death Linton | 11. NAME OF HOSPITAL, NU Southern Mary | JRSING HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPATIO LIYPE OF WORK FOR MOST OF Carpet Seam | | 126 KIND C INDUSTRY S Carpe | of BUSINESS OR |
| 13a. S | AL RESIDENCE (IF NURSING HOME OF STATE 13% COULT Prince | NOTHER INSTITUTION, GIVE RESIDENCE NOTY 136. CITY OR TEMP | BEFORE ADMISSION) IOWN Hills | 13d INSIDE CITY LIMITS? YES NO | 13. STREET ADDRESS / 5515 Fishe: | | 2071 | 18 |
| 14. FA | Henry Geo | rge Lonia | gan | 15. MOTHER'S MAIDEN NAM | WEDDIE | | Faus | |
| 16a V | VAS DECEASED EVER IN U.S. AF | VE WAR OR DATES! | SECURITY NO. | 17 INFORMANT | 3317 Land | er Di | rive | |
| | YES, NO OR UNKNOWN) (IF YES, GI | 577-10 | 1-4138 | Robert J. Kon | | ville | Md. | |
| NO | Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost | DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING | EOUENCE OF | HECT DIL | INAL DISEASE OR COND | ITION GIVI | EN IN PART 10 | 0 |
| CERTIFICATION | 19a DATE OF OPERATION | 196. CONDITION FOR W | HICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | IN CERTIF | , WERE FINDING CAUSES | OF DEATH? |
| | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH | DAY YEAR | 71¢ HOW INJURY OCCURR | | | | |
| MEDICAL | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OI | FFICE FARM, ETC) | 711 LOCATION STREET | CITY OR TOW | N | COUNTY | STATE |
| | 22a.1 certify that (1) (Nis-hesp saw the deceased alive or above, (1) (war-(did) (did no | | | nd that in (my) (mar) apinion of | death accurred on the dat | e and hou | 4 . | that (I) (we) last causes stated |
| | 276. SIGNATURE ROLL | h | | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF | an 🗌 | 224 DATE | SIGNED |
| | G. S. R | A TH | | Charles Profe | 207 Blog | 9, a | aldo4. | MD 20601 |
| 23a E | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 236 DATE 2/7/85 | | EMETERY OR CREMATORY Ill Cemetery | 23d LOCATION CITY OR TOWN | nd 1 | COUNTY | STATE |
| | UNERAL DIRECTOR NAME Orge P. Kalas | 6160 Oxon Hill | Rd. Oxo | a Hill Ma FE | B 7 1985 | SIK REGIS) | MAR'S SIGNAY | and le |

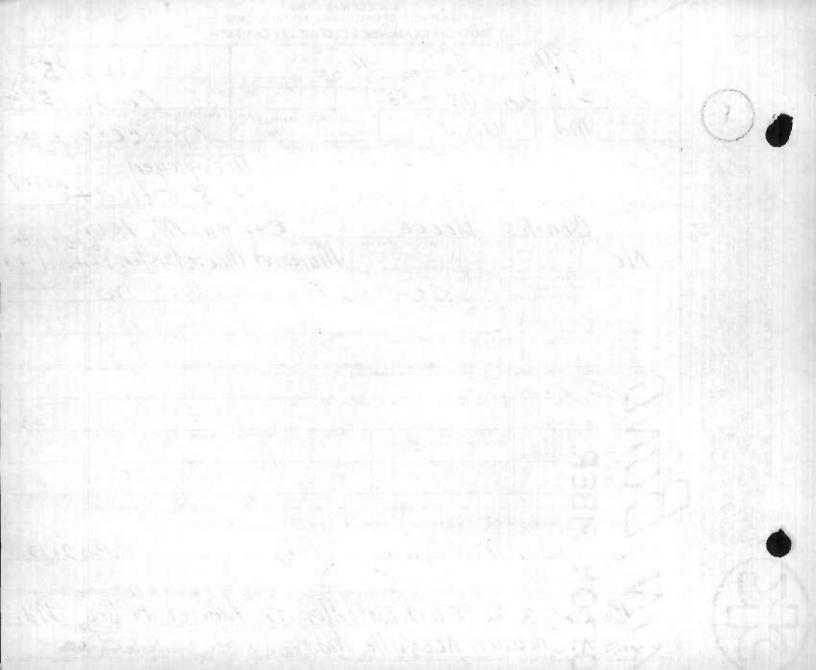
DHMH - 16 50M 4/83 (VRA 15, 4)

BP



20M 4/82

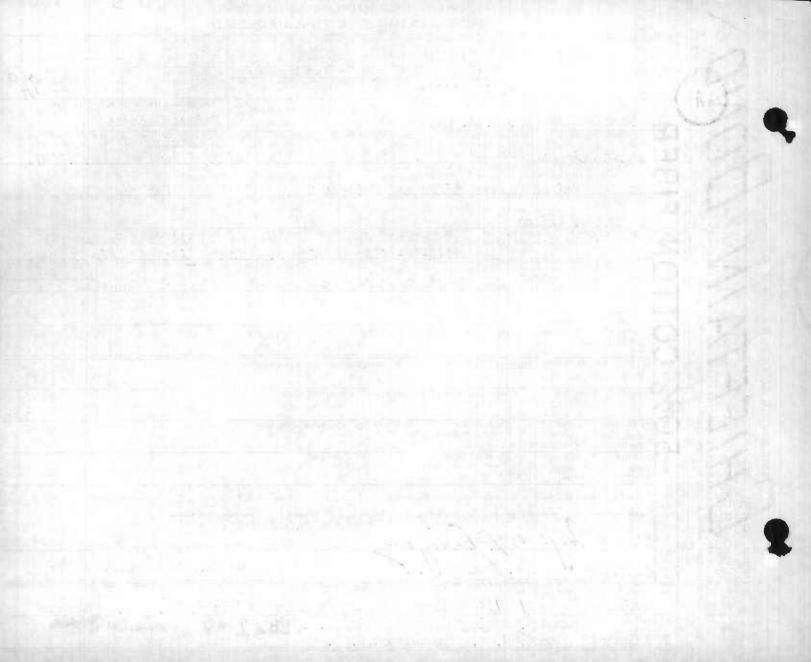
STATE OF MARYLAND



| 11- | FOR STATE | | | DEPARTMENT O | FHEALTI | | L HYGIENI | 5 | 0 6 | 0 8 | 2 |
|--|--|------------------|---|--------------------------------|------------|---------------------------------|----------------|--|--------------------------|------------|------------------|
| | REGISTRAR CEASED NAME PE OR PRINT) | FIRST | | MIDDLE MIDDLE | | LAST | E OF DEA | OF ESTI- | | DAY YEAR | 26 HOUR |
| TO COLUMN TO THE STATE OF THE S | x emale | DARI Black | S. DATE OF BIRTH | LISA 1963 AGE (IN LAST BIRT 21 | YEARS IF U | | | DEATH MATED C. DATE PRONOUNCED DEAD | 2-4-8 2-4-8 | DAY YEAR | 24 HOUR 9:15A |
| D. A. S. | ist. of | | Th. CITIZEN OF WE | | WIDO | | ORCED - | | George | of DEATH | nty MD |
| CA USU | Apital H | gts. | | Hampton Dr | rive | HER INSTITUTION | FORM | AL OCCUPATION OST OF WORKING LIFE) | | OR INDUST | TRY |
| 73a. S | D.C. | IB COU | | 13c CITY OR TOWN | 1 | 134 INSIDE CITY LIMIT YES NO | □ 418 | Mellon S | St, SE | #3999 | 799 |
| 100 | Jack WAS DECEASED | EVER IN U.S. A | | Tohnson | RITY NO. | 15 MOTHER'S MARKET Judy | AIDEN NAME | MIDDLE | | dmond | 1 1 |
| Noision 3 | NO NO OR UNKNO | VN) (IF YES, GIV | only one couse per line | 574-94-0 | | | edmond | 418 Mell | | , SE #3 | |
| CHIEF MEDICAL EXAMINER ALON EUSED AS A BURIAL - TRANSIT PER OF HEAITH AND MENTAL HYGIEF THAT CREMATION, OR REMOVAL TIFICATION | gave rise cause (a) lying caus | | le (b) | AS A CONSEQUENCE | | SE OR CONDITION GIVEN | IN PART 1 (a). | | | • | |
| MEDICAL CERTIFICATION | 19a. DATE OF | OPERATION | 196. CONDIT | TION FOR WHICH OF | | | | | | 20 AUTOPSY | NO [] |
| MEDICAL CER | UNDERLYING CONTRIBUTION | IG CAUSE O | F DEATH P.M | . MONZH 3-85YE | | ubject fo | und st | rang led | M 18 PART 1 OR PAR | RT 2) | |
| MED | 21d INJURY OCCURRED WHILE NOT WHILE XX 21e PLACE OF INJURY (ATHOME. 21l. LOCATION 193' W. Hampton Dreiveown CApital of 1 | | | | | | lgts.,Md | • STATE | | | |
| | 22a I certif death resulte ACTUAL SIGNATURE | | rge of the remains des ural causes , Muito, M | | Suicide | TITLE (SPECIFY | ant MEDIC | Inquiry . rmined monner . CAL EXAMINER | and in my ap DATE SIGNE | 2-4-85 | 5 |
| AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P | EXAMINER'S I | II) | argarita A | | | ADDRESSOR CREMATORY | Penn S | | | | |
| 24 F | Buris UNERAL DIRECT | OR OR | 02-11-85 | Lincol | n Mem. | Cemeter | CITYO | itland | PG REGISTRAR'S S | Mary | land |
| Re | bert G. | Mason | 1661 Good | Hope Road | , SE | FFR | かり198 | 5' Julia D | avidson-1 | Pandelle- | |

in 18 F391 -10 -00 made attended sentageton z norgaldeze Appropriate the transfer Fig. . +2 moltov Bri hombe wines 1990 an Party

| 0-4 | | FOR STATE | 3 2 1 3 7 5 1 | DEPAR | | HEALTH A | ND MENTAL | HYGIEN | E D U | 0 | 0 0 | 3 |
|---|--|---------------------------|--|--------------------------------------|------------------|------------------|-----------------------|-------------|---|-------------|---------------------------|-------------|
| TO | 10 | REGIS | | MEDICA | EXAMIN | IER'S CEI | RTIFICATE | OF DEA | TH REG. NO | | | |
| | 28.838 F. | 1 DECEASE (14PE OR PRI | | LINIC | V | REIS | SER | | OF ESTI- DEATH MATED | MONTH 2 | DAY YEAR 22 1985 | 25 HOUR |
| | A PROPERTY. | 3. SEX | 4 RACE | S DATE OF BIRTH | & AGE (IN Y | | R 1 YR. IF UNDE | | 2c. DATE PRONOUNCED | MONTH | DAY YEAR | STOR |
| | ANDERE | Male | White ACE (STATEOR | Nov. 17, 1932 | | RS. | | | 9 BALTIMORE CITY OF | 2 | 23 1985 | 1/1 M |
| | STATE OF | POREIGN C | CLINTRY | u. s. A. | INIKT? | MARRIED | NEVER MAR | RIEDXX | Prince Geo | - | TOFBEATH | MD |
| - | AGE B | | TOWN OF DEATH | 11 NAME OF HOSPITAL, N | STREET ADDRESS) | E, OR OTHER | INSTITUTION | | IAL OCCUPATION (TYPE | | 126 KIND OF B OR INDUS | USINESS |
| | BON WO | HULLCY USUAL RESI | est Heights | 4301 23rd Park | | 03 | | Int | ernal Reven | ue | U.S.GO | VT. |
| BALTIMORE, MD, 21201 | IF ANY DELY 2, AND 310 3. RETAIL P 5 SHOULD BE ALL RECORDS | Marula | 13b COUN | NTY 13c CI | crest | | I INSIDE CITY LIMITS? | _ | eet ADDRESS 1 23rd Parki | אמוו | #703 | 31 |
| QW C | H. II 1, 2, 0,2 S | 14. FATHER | NAME | MIDDLE | LAST | | MOTHER'S MAI | DEN NAME | WIDDLE | uny, | LAST | |
| - C | DEATH. GES 1, M PM PM AND 2 | Eu | gene N. Rei | ser | | | Ruth | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (| Cohen | |
| IIW | URS AFTER DEATH. IF B. GIVE PAGES 1, 2, A WITH FORM PM 3. I IT. PAGES 1 AND 2 SH C. DIVISION OF VITAL R | 16a WAS DE | CEASED EVER IN U.S. AR | E WAR OR DATES) | OCIAL SECURI | | INFORMANT | | 431 1023h | d Par | kway. # | 1109 |
| 4 | SAF | No | | | -24-08 | 36 F | Brian S. | Reise | er Hillcres | t Hei | ghts, | Md. |
| | . 0 . 5 . 0 | 18 C | AUSE OF DEATH (Enter or ART I DEATH WAS CAUSE | nly ane cause per line far (a), I | | 1. | 1 1. | | | | APPROXIMA BETWEEN ONS | TE INTERVAL |
| N | 124 HOU ITEM 18 LONG V PERMIT GIENE, I | 100 | IMMEDIA | (DUE TO, OR AS A CO | | | cular dise | ase | | | | |
| REST | WITHIN 24 PENCIL IN ITE WINER ALON-TRANSIT PER ENTAL HYGIE OR REMOVA | | anditions, if any, which | | NSEQUENCE | OF | | | | | 19.97 | |
| 2 | WITA | | ave rise to immediate | | NSEQUENCE | OF | | | | | | |
| 2017 | XECUTED WITHIN G. IN PENCIL IN S.AL EXAMINER A BURIAL-TRANSIT AND MENTAL HY ATION, OR REMO | | ring cause last. | (c) | NASLOGENCE | Or | | | | | PART I | |
| ORDS | D BE EXECUTED PENDING" IN PROPICAL EXAVAS A BURIAL-EXATH AND ME | | OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NOT RE | LATEO IO THE TER | AINAL DISEASE OR | CONDITION GIVEN IN I | PART I to . | | | | |
| 2 | PEND BE NED AS HEALT | SERTIFICATION 190. D | ATE OF OPERATION | 19b. CONDITION FO | R WHICH OPE | RATION WAS | PERFORMED? | | | | 120 AUTOPSY | 12 |
| ¥ | SHOULD SRD "PE CHIEF A E USED A TOF HE | X | | | | | | | | | YES 🗆 | NO KT |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. | CERTIFICATE SHOUL TING THE WORD "F PED TO THE CHIEF 3 SHOULD BE USED DEPARTMENT OF H I PRIOR TO BURIAL, | | RLYING OR | 216 TIME OF INJURY HOUR A.M. MONT | | R 21c. HOW | INJURY OCCURE | RED (ENTERN | NATURE OF INJURY IN ITEM 18 PA | RT I OR PAR | | 100 |
| OSI | SHOUL PRIOR | | RIBUTING CAUSE OF | 21e PLACE OF INJUR | | 21f. LOCAT | ION | | | | | |
| Ş | JER: THIS CER CATE, WRITIN FORWARDED OR: PAGE 3 S HE STATE DEF IND, 21201 PR | ₹ WHIL AT W | ORK ONT WHILE | STREET, FACTORY, FARM | ETC) | STREE | T | | CITY OR TOWN | COU | NTY | STATE |
| | EXAMINER: 1 CERTIFICATE, VULD BE FORV L DIRECTOR: F 1, WITH THE ST MARYLAND, S | | | ge af the remains described a | | Autopsy | , Inspecti | | | l in my api | nian | |
| | RETIFIED BE | deat | h resulted fram: Natu | oral causes LX. Acciden | 1 L.J., Si | picide | Hamicide | Undete | ermined manner, | | | |
| | MAN WAS THE SERVICE OF THE SERVICE O | ACTU | | into PX | 1144 | M D | Deputy | 7 MEDI | CAL EXAMINER | DATE | 2/23/198 | 35 |
| | MEDIC CUTE THE SE 4 SH FUNER ER DEAT | | | | 1 | | | | | SIGNEL |) | |
| | TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH TO A SHOW BALTIMORE, MARYLAI | | | to P. Rodriguez | M.D. | ADI | 5009 N | | Ct., Temple H | ulls, | MG 20/48 | 5 |
| | 5355F8 - | 23a. BURIAL, | REMATION, REMOVAL | | NAME OF CE | | | CITYO | CATION | COUN | TY S | STATE |
| 07/84 25/A | BP | Bur 24 ELINERA | | 2/25/1985 Mc | unt Lei | oanon C | emetery | Adel | Phi. Pr. Go | 20., | Marylar | rd |
| | DHMH - 17 | NAME | Vonald | M. Steins Hebr | ew Mem | orial F | .H. FEB | 271 | A GUILLE DE | Addor | MOHOLES. | |
| | (VR A15 ME (5)) | 1 232 C | arroxx Street | et. N. W. Was | nenator | 1. U. C. | | 14 | 100 | - | | |



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1- | STATE REGISTRAR | | | | CERTIF | ICATE OF DEAT | H | REG. NO |). | | |
|----|---------------|-------------------------|---|-------------------|--------------------|-------------------|-----------------------|------------|--------------------------|------------------|--------------------------|-------------------|
| | | EASED NAME | 7951 | | MIDDLE | L/ | AST | | 20 DATE OF DEATH | | Y YEAR | 26 HOUR |
| | CCHPIE. | CHE FRENCH | mar | v 1 | MAE | Ric | hands | 18.8 | | 21 | 85 | 1:10 Am |
| | 1.5EX | 77 | 1 | 4. RACE | | S. DATE O | | | AGE (IN YEARS LAST BIRT | | UNDER I YEAR | IF UNDER 24 HRS |
| 6 | FE | MAL | E | CAU. | | MONTH 2 | | 20 | 6 | YRS. | NIHS DAYS | HOURS MIN. |
| 1 | | CUNTRY) | KIE DEFOREION | 76 CITIZEN OF | WHAT COUNTI | RY? 8 | NEVER MARR | IED 9 | BALTIMORE CITY OF | COUNTY | F DEATH | |
| | | SHINGIC | N, D.C. | 4.5 | S. A. | WIDOWE | , | | PRINCE G | eorge | 5 Cou | NHY MD. |
| Y | No CE | TY OR TOWN C | F DEATH | | HOSPITAL, NUR | | R OTHER INSTITUT | | 120 USUAL OCCUPATION | | 12b. KIND OF INDUSTRY | BUSINESS OR |
| 1 | 70R | | H. / | FORT L | UASH. | REHAR | 3. CENT | | BEAUTICIAN | | PVT. | |
| 7 | 134.5 | | PROPERTY OF | | GIVE RESIDENCE BE | | 13d INSIDE CITY LI | MITS? | 3e STREET ADDRESS / | ZIP CODE | 2060 |)1 |
| 2 | 1 | M.D. | CHA | RLES | WAL | DORF | YES NO | | 1203 MAR | SHALL | LF | TIVE |
| 0 | M.FA | THER'S NAME | SALUVIO | COUR | EAST | | 15. MOTHER'S MAI | IDEN NAMI | E MIDDLE | | LAST | - |
| 16 | / | HOWARI | YAD ON | P. | HAYE | SARD | MITHE | LMINA | | | SEARS | . / 6 |
| 2 | | AS DECEASED | EVER IN U.S. AR | MED FORCES? | 166 SOCIAL S | | 17 INFORMANT | | ADDRE | | | 110 |
| 6 | | NO | * * | * * * | 578-12 | -11380 | MR. RXXX | AKM R | ALPH RICHAI | RDS, sar | | |
| | 50 | 18 CAUSE OF | DEATH (Enter or | nly one couse per | line for (o), (b) | and icily | D 1 | 4 | - n | 1 | - | NATE INTERVAL |
| H | | | | TE CAUSE (o) | M | CUTE | nespin | aso | 19 MILES | / | 0/17 | 7175. |
| | 1 | | | DUE TO, O | R AS A CONSE | QUENCE OF | to Par | Il nou | 2010 | | 41 | nH= |
| 3 | | Conditions, if | | (b)_ | #41 | 205700 | 110 1118 | a mi | 7770 | | 100 | A. |
| | | couse (a). | stating the | DUE TO, O | R AS A CONSE | . 12 2 2 2 2 2 | thre 5 | Lato | Luc to Bx | ain Tu | Tour ! | mm. |
| | | DARK COTHE | 200000000000000000000000000000000000000 |]c) | Sem | | | 0.12 | | | 1 / | 7727 |
| | Z | MIL | of ble | ONDITIONS CO | broll | Motac | Tases de | I P. T | LUM 7 | Drim | | |
| 1 | CATI | THE DATE OF C | PERATION | 196 COND | ITION FOR WH | ICH OPERATIO | N WAS PERFORMED | ~ / | 200 AUTOPSYZ | 20b. IF YES, | WERE EINDIN | |
| 1 | CERTIFICATION | | 6 - | | | | | | YES NOT | YES | NG CAUSES | NO |
| 0 | CR | SIN ACCESSION | | 216 TIME C | F INJURY | DAV VEAD | 21c. HOW INJURY | OCCURRE | D (ENTER NATURE OF INJUR | Y IN ITEM 18 PAR | T I OR PART 2) | |
| 1 | CAL | | G CAUSE OF DE | 100 | .M. MOIVIN | 19 | -0 | | | | | |
| | WEDICAL | 214 INJURY O | | | OF INJURY | US FARM FTC 1 | 211. LOCATION | | CITY OR TOV | γN | COUNTY | STATE |
| | 2 | AT WEIGH . | AT WORK | A THOME SI | REEL, FACTORY, OFF | CE, PARM ETC ; | 7 | | - / | , | To the same | |
| n | | 22a I certify t | not (1) (this bospi | tol) ottended th | 1.000 | - CD | 119 , 19 | 29 | . to 2// | , 19 | 1 | hot (1) (we) lost |
| | | obove, (1) | (we) (did) (did no | | offer deoth. | 9 <u>8 3</u> , on | nd that in (my) (out) | opinion de | oth occurred on the do | te and hour o | and from the c | ouses stoted |
| | | 17h SHIPPINGUI | 1 / | 7-1 | | mr | DEGREE | IDINIC | FOICH STAF | - | 22c. DATE S | IGNED |
| | | XXI | esall. | Tur | con | 111.1 | | ICIAN D | DIRECTOR PHYSIC | AN 🗍 | 10/1/ | 175. |
| 1 | 1 | MANYSICIA | N'S NAME TYPE C | OR PRINT) | - 4 | 200 | 22e ADDRESS | 40/ | Indianto | apl x | + falla | say |
| 1 | | NICHA | rd H. | rur | 500,11 | 1150. | # 266 | Ft. | wash, In | 1 21 | 3744 | ? |
| | - 0 | SPECIFIC | TION, REMOVAL | | | | EMETERY OR CREM | | 23d LOCATION | D | COUNTY | STATE |
| | - | URIAL INTERAL DIRECT | | FEB. 4, | | 400 | Veterans | | | | | |
| | 10000 | NAME | | | | | Alexand- | | REC'D. BY REGISTRAR | | | |
| | eı | rerry | Rd., Cl | inton, | warylan | a | | FEI | B 1 3 1985 | grove De | widson-D | andres |

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

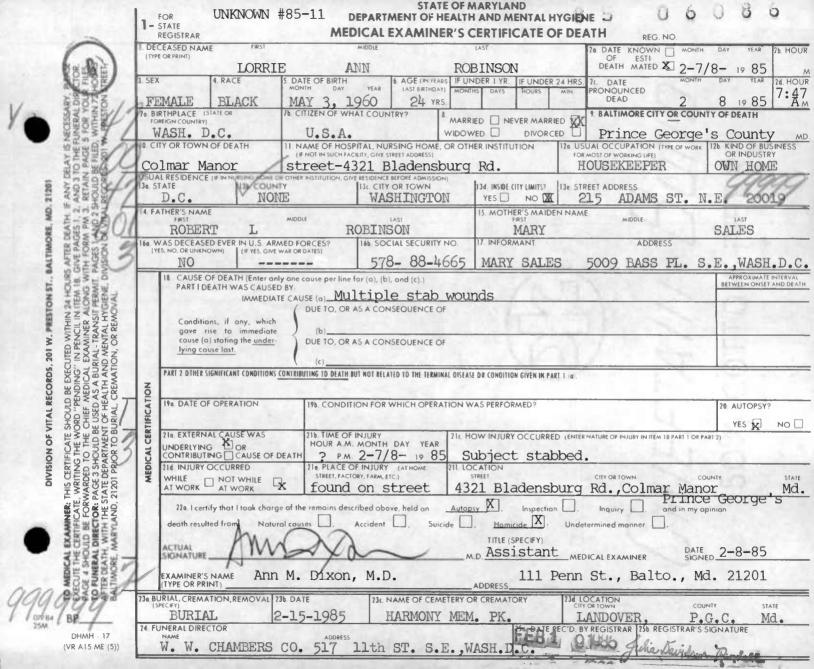
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

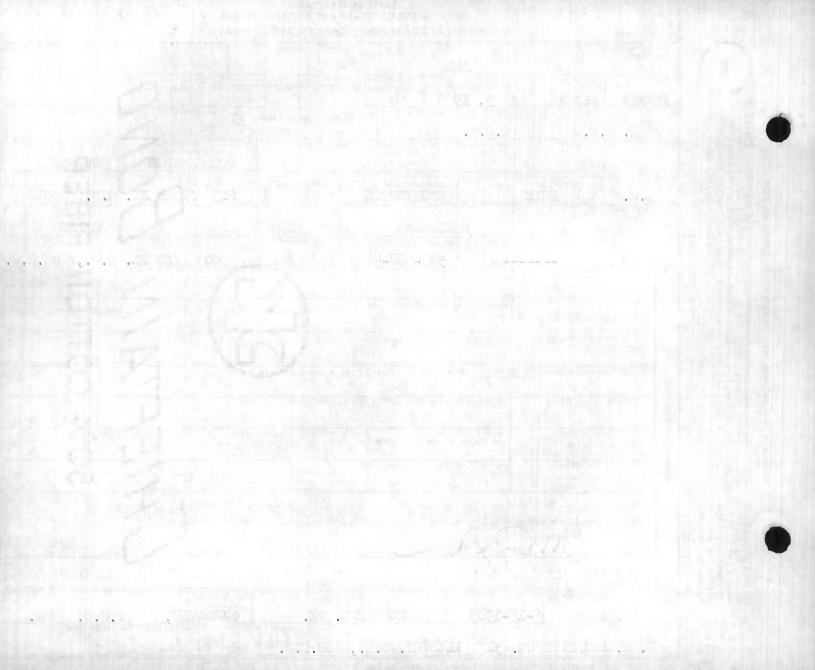
| | 1 - FOR STATE REGISTRAR | | | DEPA | | EALTH AND MI | | IENE REG. N | ło. | | | | | |
|------------|---|---|-------------------|------------------------|--|--|--------------------|---|---|--|---------|----------------|--|--|
| 1 | DECEASED NAME | FIRST | , | MIDDLE | ı | AST | | 20. DATE OF DEATH | | DAY YEAR | 2h HOU | IR | | |
| | (TIPE OR PRINT) | Walton George RICKS | | | | | | | 8.1985 | 5 | 5:50am | | | |
| | Male Male | | Whi | 0 | S. DATE C | | 1919 | 6 AGE (IN YEARS LAST BI | RTHDAY) | MONTHS DAYS | HOURS | 24 HRS MIN. | | |
| 7 | TO BIRTHPLACE (STATE | OR FOREIGN] | U.S | | TRY? 8 MARRIEI WIDOWE | D NEVER MA | 9 BALTIMORE CITY O | OFDEATH | | MD | | | | |
| 7 | LANHAM | | OCTORS' | HOSP. | OF PRIN | CE GEORG | UTION GE'S C' | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) TY Ret. Bra | ION of Working Lift akeman | 126. KIND C INDUSTRY Rail | road | SSOR | | |
| | USUAL RESIDENCE (IF N 130 STATE Md. | 13b COUNT | OTHER INSTITUTION | Green Green | | 13d INSIDECIT | Y LIMITS? | 13e STREET ADDRESS 7501 Mar | / ZIP CODE | d. 2 | 0770 | | | |
| | Lonzo | A | AIDDLE | Ricks | | 15 MOTHER'S A | | B. | | Wrigh | | | | |
| 1 | (YEYES UNKNOWN) | | AED FORCES? | 166 SOCIAL S 577-38 | SECURITY NO. 3-2965 | 17 INFORMAN George | | 8430ADD cks New (| | wood Rolling | 26 | 784 | | |
| N (100 M) | | immediate oting the use lost. | you se | ONTRIBUTING | | NOT RELATED T | | A CALC | | | | besi | | |
| | 190 DATE OF OPE | RAMON | 195 COND | ITION FOR WE | HICH OPERATIO | n was perfor | MED | YES NO | IN CERTI | S, WERE FINDI FYING CAUSES IS [] | | LH3 | | |
| | OR CONTRIBUTING | 216. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHSY MEDICAL EXAMINER) 216 INJURY OCCURRED 216 PLACE | | | DAY YEAR | IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | | | | | | | | |
| | | | | | | | | | | | S | STATE | | |
| | above, (1) (we | eased alive on | ol) ottended the | 17 | 19_83, or | | our) opinion (| deoth occurred on the c | dote and hou | , 19 | | | | |
| | 7% SIGNATURE | Elm) | Roser | | DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D | | | | | | 2/18/83 | | | |
| | 22d PHYSICIAN'S | NAME TYPE OF | P. C | Tano | yan | 72e ADDRESS | 250 1 | Penn. AV | RE 7 | +18 mi | 7 20 | 077 | | |
| | 230 BURIAL, CREMATIC SECURAL Burial | N, REMOVAL | 2-20-8 | No. | | erans Co | | y Chelter | ham, | P.G. | Md | STATE | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

F. Gasch's Sons, P.A. Hyattsville, Md.

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| | FOR | | | DEDADT | | E OF MARYLAND IEALTH AND MENTAL HYG | IENES 5 | 0 | 60 | 8 / | |
|--|---|--|---------------------------|-----------------------------------|------------|---|---------------------------------|------------------|------------------------|---------------|--|
| 1 - | STATE REGISTRAR | | | DEFARI | | ICATE OF DEATH | RFG. | | | | |
| | CEASED NAME | , | WIDDLE | | AST | 20. DATE OF DEATH MONTH DAY | | | | | |
| LIABE | TYPE OR PRINT) | | | М | R | OCKWOOD | Feb | 21. | 1985 | 8A. | |
| 3 SEX | (| Miles. | 4 RACE | | 5 DATE (| | 6. AGE (IN YEARS LAST | SIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 F | |
| 1 | Female | 79.75 | Whit | e | | ast 13,1916 | 68 | YRS | DATS | HOURS A | |
| | RTHPLACE (STATE OR | FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | MARRIE | D MEVER MARRIED | 9. BALTIMORE CITY | | | | |
| Washington D.C. 10 CITY OR TOWN OF DEATH CHEVERLY | | | U.S. | | WIDOWE | | PRINCE | | _ | | |
| | | 11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDRI PRINCE GEORGES GEN | | | | 120 USUAL OCCUPA (1YPE OF WORK FOR MOS Waitress | TOF WORKING LI | (FE) INDUSTRY | of Business taurant | | |
| 13a S | AL RESIDENCE (IF NUR. STATE TYLAND | 136 COUN | ITY | 13c CITY OR TOV Hyattsv | VN | 138. INSIDE CITY LIMITS? YES X NO | 13e STREET ADDRESS 5012 36th | | | | |
| | THER'S NAME FIRST | | WIDDLE | Garn | | 15. MOTHER'S MAIDEN NA | WE | F/A | | trēll | |
| - | VAS DECEASED EVER | IN U.S. AR | MED FORCES? | 166 SOCIAL SEC | | 17. INFORMANT | ADD | RESS Add | dress S | | |
| No | YES, NO OR UNKNOWN) | (IF YES, GIV | E WAR OR DATES) | 577-01- | 4551- | Mr. Robert | . Rockwood | 1 No | # 13e. | | |
| H | 18 CAUSE OF DEAT | H (Enter on | ly one couse per | line for (a), (b), a | nd acce | A- | | - | APPRO | ONSET AND DE | |
| | PART I. DEATH V | | Ď BY: E CAUSE (a) | | Ima | ulion | | | | | |
| | gave rise to imi cause (a), statii underlying cause | ng the last. | [c] | R AS A CONSEQU | nall | grant lyn | ylima | | | | |
| Z | PART 2. OTHER SIG | NIFICANT (| CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE (TRA | III A I DISEASE OR CO | NDITION GI | IVEN IN PART I | la' | |
| CERTIFICATION | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT 116 ETHER, NOTIFY MEDICAL EXAMINES, | | 196 COND | ITION FOR WHICH | H OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | IN CERTI | S, WERE FINDI | | |
| | | | HOUR A. | M. MONTH D | AY YEAR | 21c. HOW INJURY OCCUR | RED {ENTER NATURE OF IN | JURY IN ITEM 18 | PART I OR PART 2) | | |
| MEDICAL | 216 INJURY OCCUR | | 21e PLACE (AT HOME STE | OF INJURY REET FACTORY OFFICE. | FARM ETC) | 21f LOCATION | CITY OR | IOWN | COUNTY | STA | |
| | 22a I certify that (I) | | tal) attended to | Adacase and from | 6 | une st | 4. | FH | 1 | that (I) (we | |
| | sow the deceas abave, (1) (we') | | | ofter death. | 35.0 | nd that in (my) our pinian | death accurred an the | date and har | ur and fram the | causes state | |
| | 226 SIGNATURE | XM | Lade | cli | | ATTENDING PHYSICIAN | MEDICAL ST | TAFF SICIAN [| 22c DAT | U/8 | |
| | 22d PHYSICIAN | 7 | PRINT) | LIDAR | | 220 ADDRESS Church | m, hd | , | | | |
| | BURIAL, CREMATION, | | | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | COUNTY | STA | |
| 1 | Buria | al | Feb.25 | ,1985 F | ort L | incoln Cemeter | ry Brentwe | boo | P.G. | Maryl | |

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the haspital or attending physician

10 UNE AL DIRECTOR. After this certificate has been signed by the attending physicion and rempites that it is a should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I and 2 mould be littled and the state Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, Md. 20781

250 DATE RECID. BY REGISTRAR 250. BEGISTRAB S SIGNATURE
FEB 28 1985 Guna Davidson Andere.

Barradici, at your of the offers Inchine to the Company of the Control of the Contro Jawumtag sporting w of iverlay! In a - Bankraul THE SELL AVE. AVE. 04 / 2 / 204 ST-11-173-1 to. Tebert . Redtroof . Wolfer Bartal . P. S. Denviller Work Lincoln Temberry Brentwood . P. C. Hergiand

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | 1- | STATE REGISTRAR | | | | CERTIF | ICATE OF | DEATH | REG | NO. | | | |
|---|---------------|--|----------------|---------------------|--------------------------|-----------|--------------|-------------------|---------------------------|-----------------|---|----------|------------------|
| | | EASED NAME | FIRST | | WIDDLE | t | AST | | 20 DATE OF DEATH | MONTH | DAY YE | AR | 2b. HOUR |
| 1 | | ON FRIIVI) | WILLI | AM | ARTHUR | ROI | PKA | | FEBRUARY | 22, 1 | L985 | | 9:01a. M |
| 1 | 3. SEX | | | 4 RACE | | 5 DATE C | | | 6 AGE (IN YEARS LAST | BIRTHDAY) | IF UNDER I | | IF UNDER 24 HRS |
| ı | n | NALE | | CAUCASI | AA | Julu | - | 1923 | | 61 YRS | | DATS | HOURS MIN, |
| 1 | | THPLACE (STATE | ORFOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | | | 9 BALTIMORE CIT | | | (H | |
| 7 | | ARYLAND | | USA | | WIDOWE | | MARRIED | Prince | George | e's Co | unt | у мр |
| 5 | | Y OR TOWN OF | DEATH | | HOSPITAL, NURSIN | G HOME C | | | 120 USUAL OCCUP | | | | BUSINESSOR |
|) | | anham | | DOCTOR | | TAL of | E P.G. | Co. | TEACHER | ST OF WORKING | | | Schools |
| | 130 S | L RESIDENCE (IF | 13b COU | | GIVE RESIDENCE BEFORE | | 13d INSIDE | CITY LIMITS? | 13e STREET ADDRES | S / ZIP CO | DE | | |
| 1 | MA | RYLAND | PG. | Co. | LAURE | | YES 🗌 | NO 🔀 | 8315 Mon | TPELIER | DR. | 207 | 80 |
| - | 14 FA | THER'S NAME | | MIDDLE | LAST | | 15 MOTHER | 'S MAIDEN NAI | ME | | 4.37 | LAST | 1. X. |
| 1 | | ARTHUR | | I | Ropten | | G | RACE | Miloti | | Misto | | m |
| | | AS DECEASED E | | RMED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORM | | ADI | DRESS | | | 1.4 |
| | | YES | WW | | 216-16-11 | 78 | Lois | PLUNKER | T SAME | AS 13 | BE | | |
| | | | | | line for ia libe and | 1. 1 | | 1 | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| | | 18 CAUSE OF DEATH LEnter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) | | | | | | | | | | | |
| | | | IMMEDIA | | D LE L SOLISSOUS | | Λ' | | | | | | |
| | | Conditions, if | any which | , | R AS A CONSEQUE | NCE OF | U | | | | | | |
| | | gove rise to | immediate | (b)_ | | | | 200 | | | | | |
| | | underlying co | | | R AS A CONSEQUE | NCE OF | | | | | | | |
| | | PARTA OTHER | ICANIFICANT | CONDITIONS C | ON PRUTING TO | DEATH BUT | ALOT PRI ATE | D TO THE TAM | INA DISEASE OF G | DIMBITICSN.C | SIVENIN PA | MT Tro | = |
| | CERTIFICATION | CAU | my | | mu | TWY | nu | P | man | M | ne | | |
| 7 | ICA1 | 190 DATE OF OP | RATION | 196 COND | IT ON FOR WHICH | OPERATIO | N WAS PERF | ORMED | 20s. AUTOPSY? | | YES, WERE F | | |
| d | RTIF | | | | | | | | YES NO | | YES 🗌 | | NO 🗌 |
| ì | | 210 ACCIDENT WAS | _ | 21b. TIME C | OF INJURY M. MONTH DA | YEAR | 21c. HOW 1 | NJURY OCCUR | RED (ENTER NATURE OF | NJURY IN ITEM 1 | 8 PART I OR PA | RT 2) | |
| 1 | CAL | (IF EITHER NOTIFY | | Alli | M. | 19 | | | | | | | |
| | MEDICAL | 21d INJURY OCC | | | OF INJURY | ARM ETC) | 211 LOCAT | ION | CITY OF | TOWN | COUN | TY | STATE |
| | 2 | AT WORK | T WHILE | | | | 13 | OK | - t | | , | - | |
| | | | | | e deceased from_ | | 70 | 19 | , to | W | 19 | th. | ng (1) (we) last |
| | 100 | unw the ope | ented give of | ot), view the backy | after death. | 01 | nd that I Im |) (dur) opinian i | death accurred on the | date and h | our and fran | n the co | auses stated |
| | | 226. SIGNATURE | 1 00 | 1. [] | | \ | DEGREE | | | | 22c | DATE SI | IGNED |
| | | 4 | me | 1 MI | N MAA | _> | | PHYSICIAN | MEDICAL S DIRECTOR PHY | SICIAN [| 7 | m | 14 |
| | | 22d. PHYSICIAN'S | S NAME (TYPE O | (1YPE OR PRINT) | | | 22e. ADDRE | | | | | 1 | 1 |
| | | LEWIS H | . DENN | IS, M.D. | | | 831 1 | Jniversi | Lty Boulev | ard E. | , Sil | ver | Spring |
| ٦ | | JRIAL, CREMATIC | ON, REMOVAL | 23b. DATE | 23¢ N | AME OF C | EMETERY OR | CREMATORY | 23d. LOCATION | | 11-12 | Me | . 20903 |
| | - 15 | PECIFY) | | 212518 | 5 m | O VET | s CEM | ET EDELL | Ch CITY OR TOWN | 1010.0 | COUNTY | | STATE |

DHMH - 16 60M 7/84

TO HOSPITAL

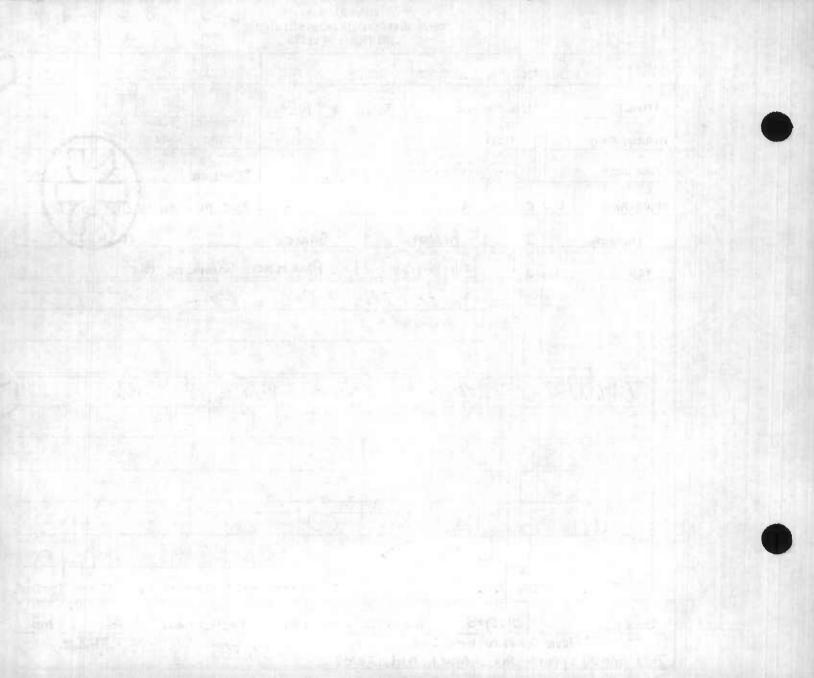
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

IMPORTANT: If Hem 21 is marked at Hem 18 show

14 FUNERAL DIRECTOR FIECK FUNERAL HOME ADDRESS. (VRA 15, 4) 7601 SANDY SPRING Rd. LAUREL Md

156 DAJE REC'D. BY REGISTING 256.



Huntt Funeral Home, Waldorf, Maryland...

- STATE

(VRA 15, 4)

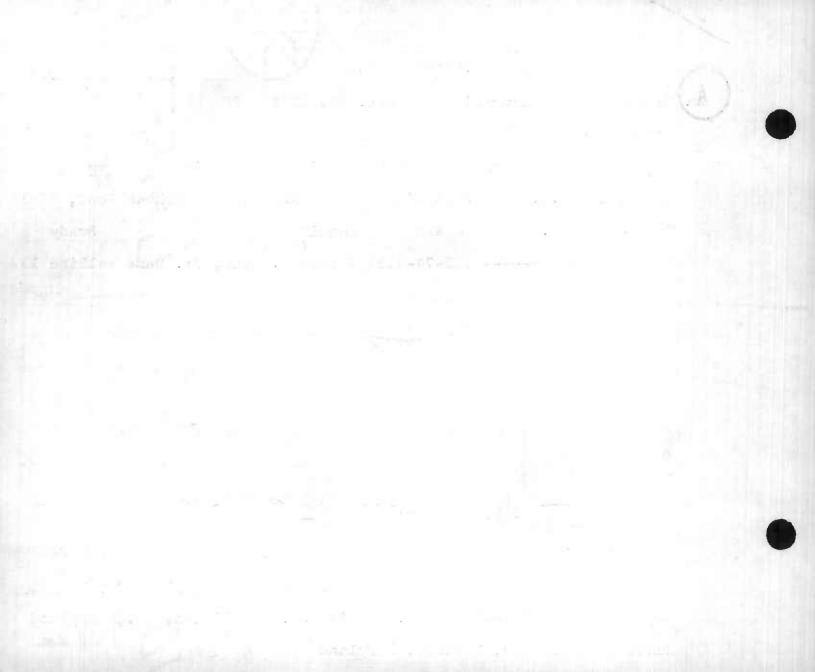
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

STATE

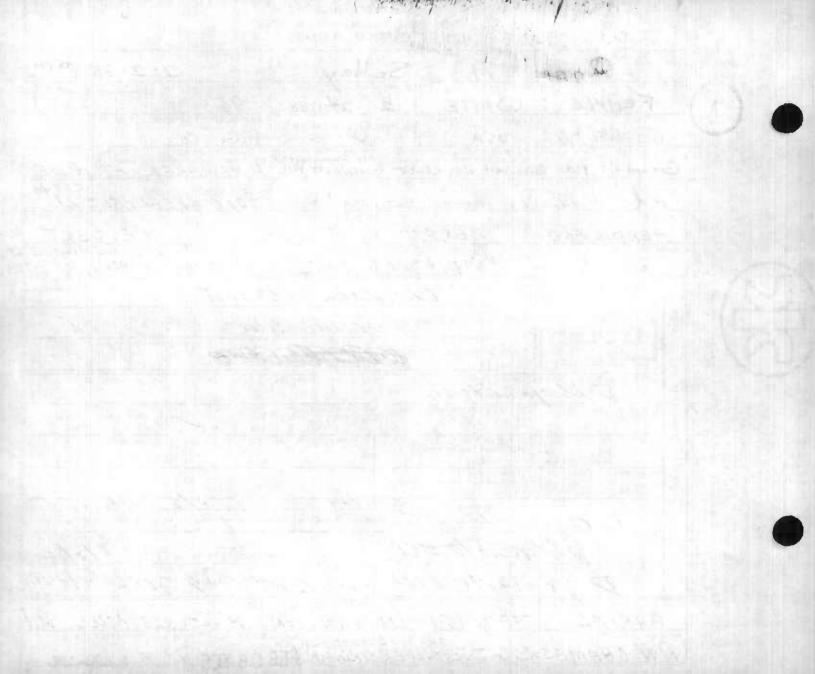


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE ... - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE DECEASED NAME KNOWN 20. DATE 26 HOUR MONTH CTYPE OF PRINTS ESTI-DEATH MATED Kathleen 8 19 85 Marie Sammons & AGE (IN YEARS 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 3:46P 12-2-1960 2
76. CITIZEN OF WHAT COUNTRY? Female Cau. 24 DEAD 8 19 85 a BIRTHPLACE ISTATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED PORTION COUNTRY Wash., D.C. U.S.A. WIDOWED DIVORCED Prince George's County, CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION ITYPE OF WORK OR INDUSTRY Clerk Typist Cheverly Prince George's General Hospital Constr USUAL RESIDENCE (IF IN NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 135 COUNTY 3a STATE 13c. CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET ADDRESS Brvans Road NO [Carroll Drive Charles 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 1451 LAST Jacqueline Dorr Ear. Thomas Manuel Verna 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 218-80-4194 Curtis M. Sammons, Bryans Rd., Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 19s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V NO [] 21s EXTERNAL CAUSE WAS 116 TIME OF INJURY
HOURX MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING XX-10 2:30 M Driver in auto/auto impact CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BACTIMORE, MARYDALD, 21201 Livingston & Berry Rds, Oxon Hille, P.G., MD. street Autopsy X 27s. Learnity that I took charge of the remains discipled above, held on Inquiry and in my opinion Hamicide Undetermined monner TITLE (SPECIFY) Acting ChiefMEDICAL EXAMINER DATE SIGNED 2/9/85 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 2-11-85 Resurrection Cem. Clinton. 07/84 Huntt Funeral Home, Waldorf, Maryland FB 5: 186 guiden 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

and the second comment of the contract of the the same of the sa

| r. | Whelton | M.E. | | tified O.K. FOR STATE REGISTRAR | DEPAR | TMENT OF | E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH | HENE 85 REG. NO. | 0609 | 12 |
|--|--|------------------------------------|---------------|---|--|--------------------------------|---|---|---------------------------|---|
| | (C. | | | CEASED NAME FIRST | WIGDTE | | AST | 28. DATE OF DEATH MONTH | | 20 1100K |
| | be 3 | | , | Clara | Lydia S | CANLAN | | February 16 | , 1985 | 12:45a _m |
| | ge 4 mg | | 3. SE | Female | * RACE White | S. DATE O | | 6. AGE (IN YEARS LAST BIRTHDAY) | # UNDER 1 YE MONTHS DA | |
| | deoth. Pour | 16 | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTR | WIDOW | | Prince-Georg | | MD. |
| 01 | s offer o | 62 | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Sacred | EET ADDRESS) | Home, Inc. | 178. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Off. WK; Bookkp. | ING LIFE) INDUST | OOF BUSINESS OR RY |
| BALTIMORE, MARYLAND 2120 | 124 hour | 16 | 13a. S | AL RESIDENCE (IF NURSING HOME OF TATE BY COU | OR OTHER INSTITUTION, GIVE RESIDENCE BEF JINTY 134 CITY OR TO 100-Georges Coll | ore admission) own egePk | 13d. INSIDE CITY LIMITS? YES NO | 13. STREET ADDRESS / ZIP 0 4600 Hartwic | | 20740 |
| XXI. | 100 | 15/ - | 4. F/ | THER'S NAME | MIDDLE LAST | | 15. MOTHER'S MAIDEN NA | WE | | IAST |
| MA | P | 10 | | Frank | J. Scanla | n | Eliza | | Johnst | one |
| IMORE, | e execut | medical | | VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G | RMED FORCES? 166 SOCIAL SE O99-05- | | 17 INFORMANT | ADDRESS | | |
| SALT | sector perm | - F | | 18 CAUSE OF DEATH (Enter of | only one couse per line for (o), (b), SED BY | and (ch.) | • | | APPI BETWE | ROXIMATE INTERVAL EN ONSET AND DEATH |
| | physical on pape | event, t | | | ATE CAUSE (O) Pro | 31020 | Preumonio | | 3 | days |
| NO. | nding corbo | No. | | | DUE TO, OR AS A CONSEC | DUENCE OF | | | | |
| PREST | e deo | , cremation, ar other fraumatic | | Conditions, if ony, which gove rise to immediate | (b) | | | | - | |
| ×. | by th | l, cre | | couse (a), stating the underlying couse lost | DUE TO, OR AS A CONSEC | DUENCE OF | | | | |
| 05, 20 | uires a | to burio | z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING T | O DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION | GIVEN IN PART | 110 |
| OR | w req been mit. Th | Prior P | A TO | 198 DATE OF OPERATION | 196 CONDITION FOR WHI | CH OPERATIO | | | IF YES, WERE FIN | DINGSTISED |
| L REC | 0 | ws o | CERTIFICATION | NIA | N | A | | | YES T | |
| VITA | SICIAN: The ng physicic certificate unal-transit | Hyor 18 sh | R. | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITE | M IS PART I OR PART | 2) |
| 10 | SICIA og pl | ite a | CAL | (IF EITHER NOTIFY MEDICAL EXAMINE | ER) P.M. | 19 | N11 | } | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | offendir | morked or item 18 shows | MEDICAL | 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK | 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | E, FARM, E1C) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| ۵ | N At At USe of | s mo | | | pital) attended the deceased from | a farmen | 19.00 | .10 2/16 | 19. | , that (IV (we) lost |
| | R ATTER hospito RECTO | 21 | | | on 19 not) view, the body ofter death. | , o | | death accurred on the date on | | |
| | AL OR A the hor AL DIRE | T: If Item | | 27b. SIGNATURE | Jaun | ~ | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 2 | ATE SIGNED |
| | O HOSPITAL OR etained by the ho TO FUNERAL DIRE | MPORTANT: If | | DON HOLD | 610000ito, | O | 10300 GT | eenbell Rd. | Seob! | ook, ma. |
| | Of Of Ording | 3 ₹ | 73a. E | URIAL, CREMATION, REMOVA | AL 236. DATE 23 | NAME OF | EMETERY OR CREMATORY Iphia Memoria | | COUNTY | STATE |
| | BP | _ | | Burial | 4/17/07 | 73 1 | | Frazier, C | hester | Penna. |
| | DHMH - 16 50A | A 4/83 | Pr | MEN BIREGESch's | Sons Funeral Hon | ne P.A. | 250. DAT | E REC'D. BY REGISTRAR 250 R | | |
| | (VRA 15, | | 47. | 39 Baltimore Av | venue Hyattsvill | e, Md. | 20781 FE | B Z 1 1985 | ia Davidson | -Marione |

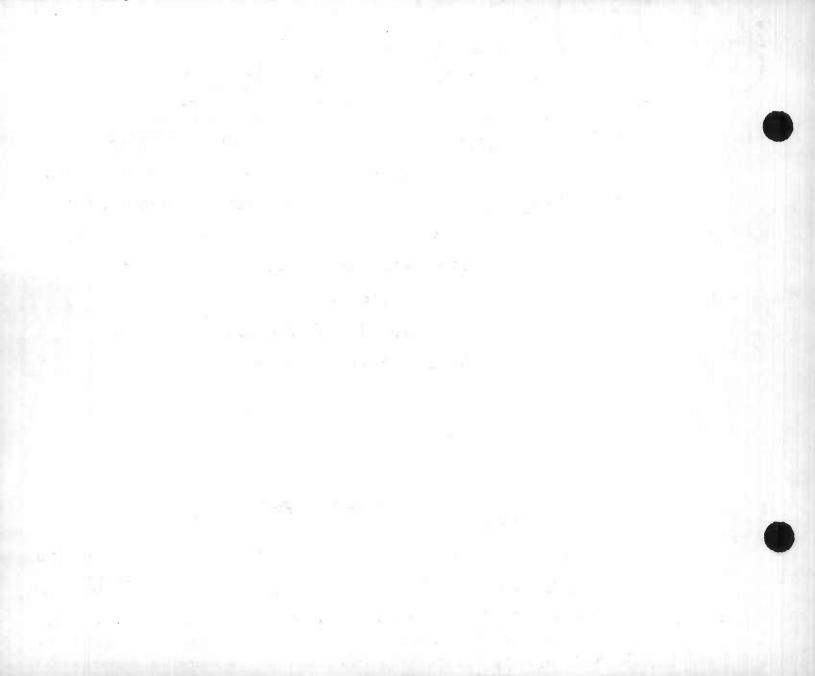


nemal share con injury, or other troumotic event, the medicolexo

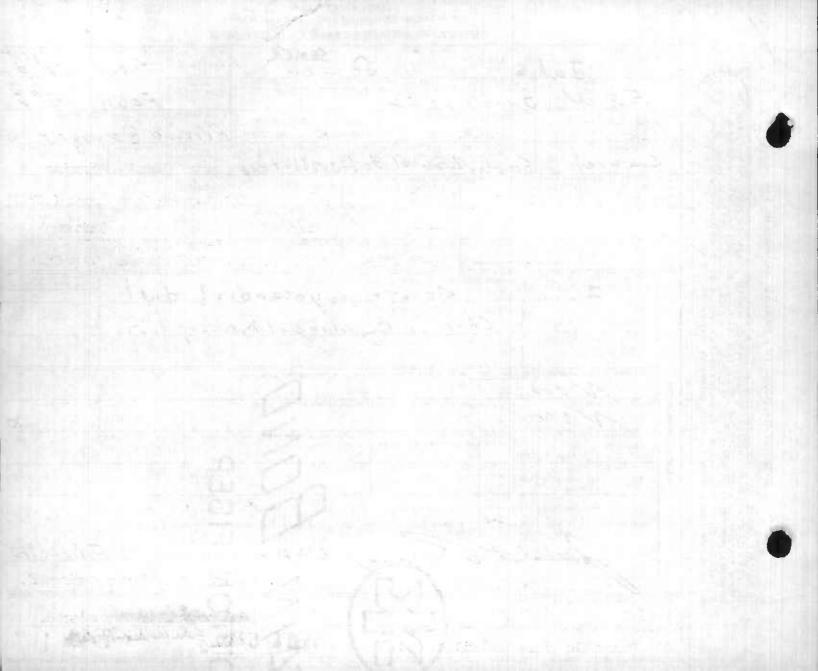
IMBORTANT: If hem 21 is morked at

DHMH - 16 50M 4/83 (VRA 15, 4)

| | 1 - | FOR STATE REGISTRAR | | | | DEPARTM | NENT OF H | E OF MARYLA EALTH AND A ICATE OF D | MENTAL HYGI | IENE B | ف | U | 0 0 | 7 | ~ |
|----|---------------|--|--------------|---------------------|-----------|---|------------------------------|--|---------------------|-------------------------------------|-------------------------------|-------------------|------------|------------------------------|----------------|
| | I. DEC | CEASED NAME OR PRINTI | FIRST Het | nrv | M . W | | Scott | Jr. | | 20 DATE OF | | MONTH D | YEAR | 26. HOU 12:0 | |
| | 3. SE) | Male | | Cau | casia | n | DATE C | DAY | | 6. AGE (IN Y | EARS LAST BIRTI | | ONTHS DAYS | | 24 HRS MIN. |
| g | | RTHPLACE (STATE OR FOI | REIGN | | OF WHAT C | WHAT COUNTRY? 8. MARRIED ₩ NEVER MARRIED □ WIDOWED □ DIVORCED □ | | | ARRIED 🛄 | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | MD. |
| 14 | A | ry or town of death | | Great | er Lau | give street A | GHOMEC ADDRESS) Beltsy | OR OTHER INST | ITUTION | 120 USUAL O | OCCUPATION OF THE PROPERTY OF | N | 126. KIND | of Busine | SSOR |
| 9 | Ma | | P.G | OTHER INSTITU TY | 13c CIT | y or tow urel | | 13d. INSIDE C | ио 🔀 | | ADDRESS / Patux | ZIP CODE cent | Rd. 2 | 20707 | 7 |
| 4 | | Henry | | MDDLE M | | ott s | | | MAIDEN NAM Irene | AE | WIDDLE | | | rall | |
| 1 | 16e V | VAS DECEASED EVER IN | | AED FORCE | | 6-07 | | Jani | ce Sco | ott S | ADDRES Same | | 13e | | |
| | TION | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CALCIO AFREST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), storing the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II | | | | | | | | N IN PART 1 | | | | | |
| 1 | CERTIFICATION | 19a DATE OF OPERATE | | | | | OPERATIO | N WAS PERFO | | YES [| NO | IN CERTIFY YES | | INGS USEL S OF DEAT NO | H? |
| | MEDICAL CE | OR CONTRIBUTING CLAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21d PLACE OF INJURY (AT HOME_STREET FACTORY OFFICE, FARM ETC.) 22d Certify that (II (this hospital) attended the deceased from sow the deceased olive on 27/33 19, ond that in (my) (80x) opinion death occurred on the date and hour one obove, (I) (we) (Nd) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSI | | | | | | | | COUNTY | that (I) (ve couses sto | oted | | | |
| | 23e B | BURIAL, CREMATION, RI SPECETY Cremat | EMOVAL | 236. DAT 2/1 | | - | | EMETERY OR C | | 23d LOCA | | | -Contra | 101 | |
| | 24 FL | JNERAL DIRECTORFL | ECK | FUNE | ERAL I | HOME | INC. | Wash. | Crem. | | irel 1985 | | P.G. | Md. | 2 |
| | 7 | 601 Sandy | y Sp | ring | Rd. | Laur | e1, | Md. | | | 4 | | | | |



20M 4/82

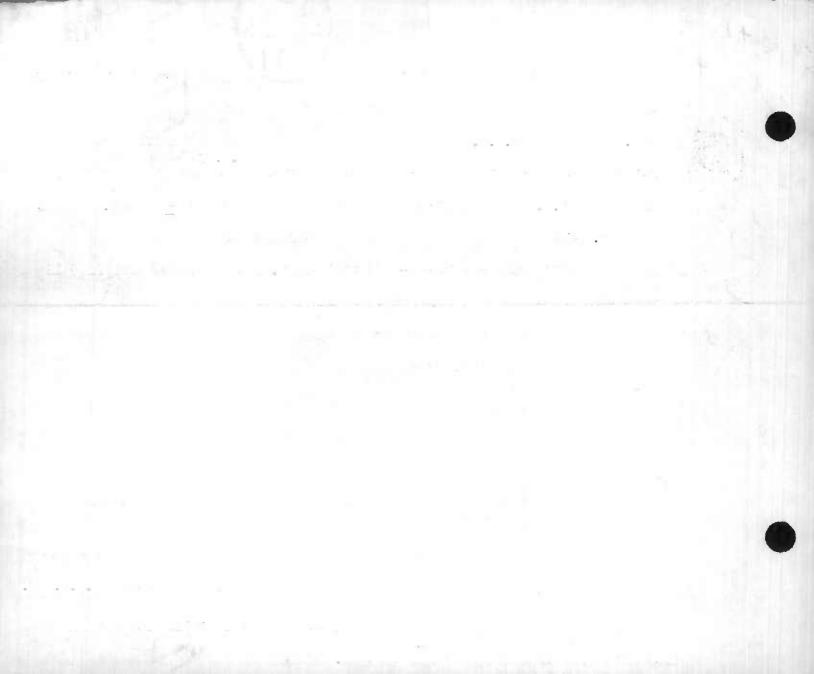


OLD ALEXANDER FERRY ROAD CLINTON

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE



B

FOR STATE

STATE OF MARYLAND

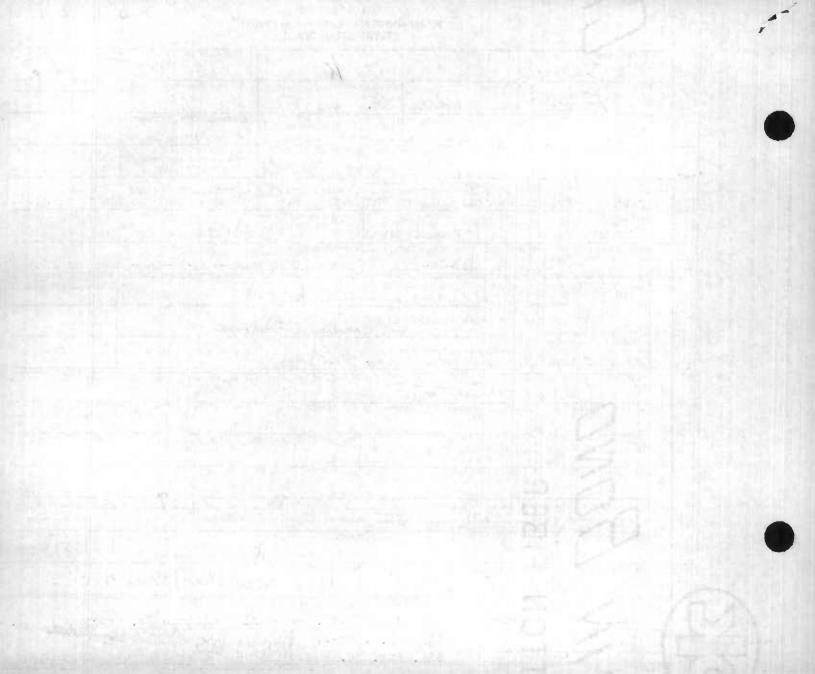
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REG. N | 10. | | | |
|------------------------|-------------|---------|--------------|------------------|
| 2 /21 | MONETH P | DAY | YEAR | thour 35 |
| APPER AND DESCRIPTIONS | RELIGIOUS . | 15 11h1 | DED I VE + D | IE LIBIDED DANIO |

| | | REGISTRAR | | CERTIFIC | | | REG. NO | O | | |
|----------------------------------|---------------|--|--|-----------------------------|---|--|---|----------------|-------------------------------------|---|
| | | CEASED NAME FIRST | WIDDLE | LAS | ST / | | 20 DATE OF DEATH | NONIII | DAY YEAR | 26 HOUR |
| | [TYPE | ORPRINTI EUGIN | in | Shr | olla | | 2/27/ | 125 | | A: 35 |
| | 3 SE) | | 14 RACE | 5. DATE OF | BIRTH | | 6. AGE INVENDENCE | HEAVY | IF UNDER TYEAR | IF UNDER 24 HRS |
| | 3 027 | Female | White | Mar. | 10 | 1893 | 91 | YRS. | MONTHS DAYS | HOURS MIN. |
| 0 | | RTHPLACE ISTATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | D | | 9. BALTIMORE CITY O | R COUNTY | OF DEATH | |
| 6/ | | Jkraine | Permanent Reside | MARRIED | NEVER A | VORCED | Prince. | /seor | ges. | County MD. |
| 3 | 10 CI | Vardale | 11. NAME OF HOSPITAL, NURSIN | NG HOME OR | OTHER INST | Loseital | 120 USUAL OCCUPATION OF STATE OF WORK FOR MOST OF HOMEMAK | F WORKING LIF | () INDUSTRY | home |
| | 13a S | STATE 136 COU | PROTHER INSTITUTION GIVE RESIDENCE BEFOR INTY 13c. CITY OR TOW | VN 11 | 13d INSIDE C | ITY LIMITS? | 13e.STREET ADDRESS / 9205 Lime | | | 20740 |
| - Camine | 14. FA | ATHER'S NAME FIRST Gregory | MIDDLE Spolita | | | MAIDEN NAM | nobtainable | <u>=</u>) | £A\$ | 51 |
| 0 | 16a V | VAS DECEASED EVER IN U.S. A | RMED FORCES? 166. SOCIAL SECU | | 17 INFORMA | | ADDRE | | -11 | - Alth-1 |
| medi | N, | YES NO OR UNKNOWN) (IF YES G | VA 213-74-25 | 533 | Consta | ntine 1 | Ben -son-in | -1aw- | | |
| rent, the | | PART I. DEATH WAS CAUS | inly one cause per line lar (a), (b), ar ED BY: ATE CAUSE (a) Cando | 1 0 | nary | Ame | • | | BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| ar ather traumatic | | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last | | | | | | | | |
| nlury, ar | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | | OT RELATED | TO THE TERM | NAL DISEASE OR CON | DITION GIV | EN IN PART 1 | o |
| 2 sws | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | | WAS PERFO | RMED | 200 AUTOPSY? | IN CERTIF | , WERE FINDING CAUSES | |
| 9 9 | | 21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE | | AY YEAR | 21c HOW IN | JURY OCCURR | ED (ENTER NATURE OF INJUI | Y IN ITEM 18 P | PART 1 OR PART 2) | |
| 20 | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | | 211 LOCATIO | NC | | | | |
| De | Z | WHILE NOT WHILE | (AT HOME, STREET, FACTORY, OFFICE, | | STREET | | CITY OR TO | WN | COUNTY | STATE |
| 21 is marked a | W | WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hosp saw the decomposition of the composition of the c | pital) attended the deceased from | FARM, ETC.) | STREET | 19 84 | to 2 2 | 7/ | 19 85 | that (I) (we) last |
| : If Hem 2 Lts m | W | WHITE AT WORK NOT WHITE AT WORK AT WORK AT WORK 220.1 certify that (1) (this hosp saw the december of the cooper, (1) (with find time in 22b. SIGNATURE | pital) attended the deceased from 12.77 19.01) view the body after death. | FARM, ETC.) | STREET I that in (my) EGREE | (our) opinion of | to 2 2 | ate and hou | 19 85 | that (I) (we) last causes stated |
| : If Rem Z IS m | W | WHITE NOT WHITE AT WORK 270.4 certify that (1) (this hasp saw the decent of this obove, (1) (will cold this in | pital) attended the deceased from 12.77 19.01) view the body after death. | FARM, ETC.) | STREET I that in (my) EGREE | (our) apinion of | to 2 2 2 2 death occurred on the do | ate and hou | 19 85., or and from the | that (I) (we) last causes stated |
| IMPORTANT: If Hem 21 is marked a | 23a B | WHITE AT WORK NOT WHITE AT WORK AT WORK AT WORK 220.1 certify that (1) (this hosp saw the december of the cooper, (1) (with find time in 22b. SIGNATURE | ontol) ottended the deceosed from 19 off view the body ditter death. OR PRINT! C V A 1 L 23b, DATE 23c. | FARM, EIC) DI NAME OF CE. | d that in (my) EGREE 22e ADDRES METERY OR (| . 19 84 (our) apinion of ATTENDING A PHYSICIAN A S | MEDICAL STAL DIRECTOR PHYSIC | ente and hou | 19 85. It and from the 271 DATE 2 5 | that (I) (we) last causes stated SIGNED |

Sil. Spr. Md.

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

| | 1- | STATE REGISTRAR | | | DEPART | | ICATE OF DEATH | REG | NO | | | | |
|---|---------------|---|-------------------------------|----------------------|---|-----------|--------------------------------------|------------------------------|----------------|-----------|-------------|-------------|----------|
| 1 | | CEASED NAME | FIRST | , | AIDDI E | ı | A51 | 20. DATE OF DEATH | | DAY | YEAR | 2b. HOU | R |
| | (TYPE | OR PRINT} | PAUL | | | SHAF | RPETA | | FEB | 27 | 1985 | 1055 | Рм |
| 3 | 3 SE | | | 4 RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS IAS | | | NDER I YEAR | IF UNDER | 24 HRS |
| | | Male | | Whi | te | Aug. | | 5), | YR | 1 | THS DAYS | HOURS | MIN. |
| ú | ri Bi | RTHPLACE (STATE OR | FOREIGN | | WHAT COUNTRY? | 1 | D NEVER MARRIED | 9. BALTIMORE CIT | | | DEATH | | |
| 5 | | country) ennsylvani | а | II. | S.A. | WIDOWE | | Pnin | ce Ge | 0 200 | | | MD. |
| - | | ITY OR TOWN OF DE | | 11. NAME OF | HOSPITAL, NURSIN | IG HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUP | ATION | - 0 | 26 KIND O | F BUSINE | |
| 3 | | | The second second second | Andrews | A.F. Bas | e Hos | pital | Retired | 51 OF WORKIN | | US Ai | r Fo | rce |
| < | 73a. S | AL RESIDENCE (IF NUR STATE rvland | ISING HOW DR | 41A | GIVE RESIDENCE BEFORE 13c. CITY OR TOW Aberdeen | N | 13d. INSIDE CITY LIMITS? YES TO NO [| 13e STREET ADDRES | | | .2100 | 7 | : |
| ٠ | - | ATHER'S NAME | 11000 | | | | 15 MOTHER'S MAIDEN NA | ME | | 1000 | 9 = 1.00 | rate. | |
| 1 | | John | | MIDDLE | Sahrpeta | | FIRST | WIDDI | | | LAS | T | |
| | | WAS DECEASED EVER | | | 166. SOCIAL SECU | | 17 INFORMANT | MAR | 2100 | 1 | | | |
| 2 | (| YES, NO OR UNKNOWN) | | Nam | 209-22-6 | 5087 | Yong H. Sahr | eta.607 W | est G | ate | RdA | berd | een. |
| - | | 18 CAUSE OF DEAT | TH (Enter or | ily one couse per | | | ARDIO-PULMONAI | | | | | MATE INTERV | |
| | | PART I. DEATH V | | D BY: TE CAUSE (o) | ARDIOPL | | | | | | | | |
| | | | | | R AS A CONSEQUE | ENCE OF | METASTATIC CA | ANCER OF K | TDNEY | | | | |
| 1 | | Conditions, if ony | | | METAST | - | | OF THE K | IDNE | 1 | | | |
| | | gove rise to im couse (o), stati underlying coust | ng the | DUE TO, OI | R AS A CONSEQUE | ENCE OF | | | | ' | | | |
| | | | | (c) | | | | | | | - | | |
| | z | PART 2 OTHER SIG | NIFICANT (| CONDITIONS <u>CC</u> | ONTRIBUTING TO I | DEATH BUT | NOT RELATED TO THE TERM | AIN AL DISEASE OR C | NOITION | GIVEN | IN PART In | | |
| - | ATIO | 190 DATE OF OPERA | ATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | | ERE FINDIN | | |
| Ť | CERTIFICATION | | | | | | | YES T NOT | | RTIFYIN | G CAUSES | OF DEATH | |
| | CER | 21a. ACCIDENT WAS UN | | | | AV VEIB | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF | NJURY IN ITEM | 18 PART I | OR PART 2} | | |
| ì | ¥ | OR CONTRIBUTING | | AID . | M. MONTH D. M. | AY YEAR | | | | | | | |
| / | MEDICAL | 21d INJURY OCCUR | | 21e. PLACE | OF INJURY | | 211 LOCATION | CITY O | RIOWN | | COUNTY | 51 | TATE |
| | ¥ | WHILE NOT W | ORK ORK | (AT HOME STA | REET FACTORY, OFFICE, F | ARM ETC) | SIREC | | | | | | |
| | | 22a L certify that (I |) (this hospi | tal) attended th | e deceased from | 4 1ºc | 6 19.85 | | EB | , 19_ | 85 | that (I) (w | ve) lost |
| | | sow the deceos obove, (1) (we) (| sed olive on (did) (did no | 27 F | | 85,0 | nd that in (my) (our) opinion | death occurred on th | e dote and | hour on | d from the | couses sta | ted |
| | | TE SIGNATURE | - 1 | 1. | | | DEGREE | 11501611 | T. FF | | 22c DATE | | |
| | | Lau | re | Syp | w | | | MEDICAL S | TAFF SICIAN | | 27 6 | EB | 82 |
| | | 224 PHYSICIAN'S N | | TIP | 1.0 | | 27e ADDRESS | | | | | | |
| _ | | DAVI | 7 7. | 1112 | | <u> </u> | | | | | | | |
| | | BURIAL, CREMATION | , REMOVAL | | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | ł | ec | DUNTY | 51 | TATE |
| | _ | urial | | Mar.4 | , 1985 Ar | lingt | on National | Arlingt | on, Ar | ling | ton.V | irgi | nia |
| | ⊈ Z4. Fl | UNERAL DIRECTOR | | | | | 25a. DA | TE REC'D. BY REGISTE | AK 750. RE | JIS IRAR | -5 5 GNA | MKE . | |

DHMH = 16 50M 4/83 (VRA 15, 4)

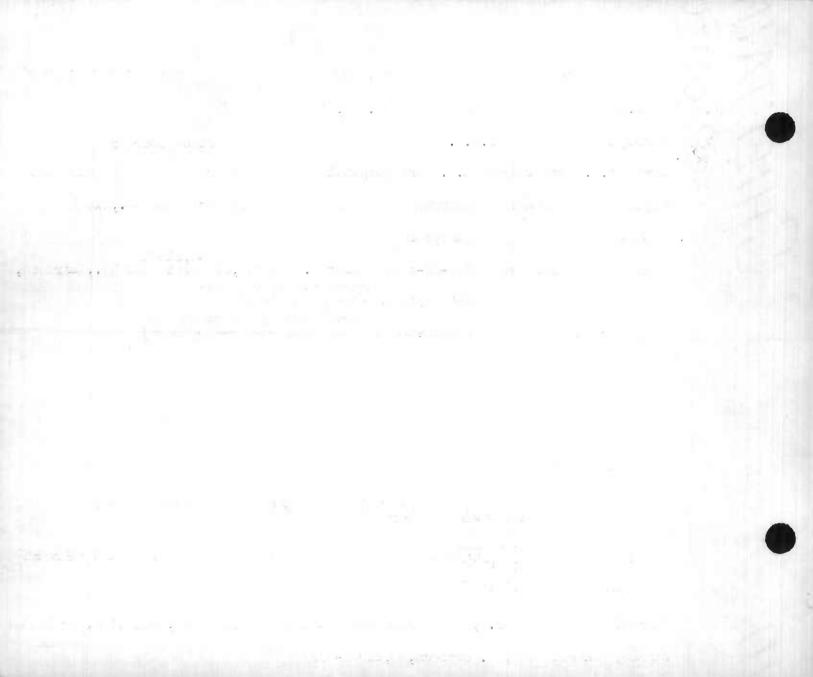
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Tarring Funeral Home, PA. Aberdeen, MD, 21001-3399

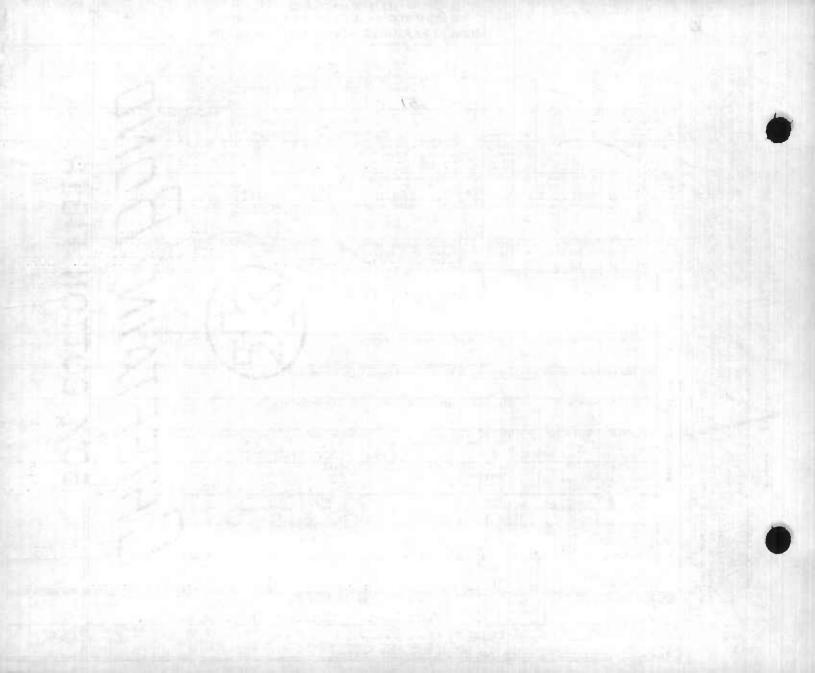
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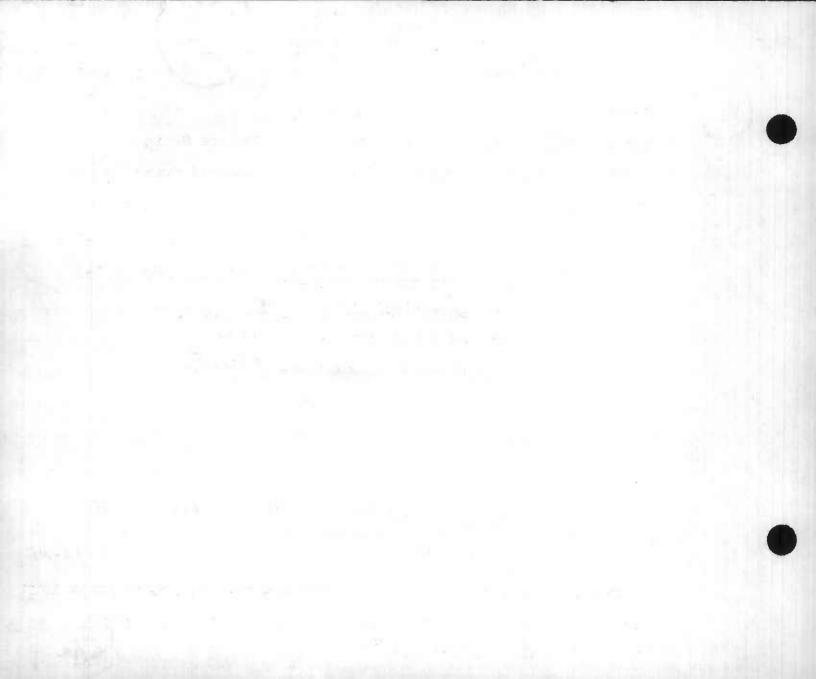
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN 2b HOUR TYPE OF PRINTS Pil Shin DEATH MATED 1219 85 Sang 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 8:49F Male May 26,1934 Korean DEAD 19 85 Th CITIZEN OF WHAT COUNTRY? A BIRTHPLACE DIAMEDA 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ROREIGN COUNTRY Korean Korea WIDOWED X Prince George's County, DIVORCED 6. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Sanniturancesco (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Handy Man Int. College Park Rt. 95 s. of Balto. Wash. Pkwv SULAL SESIDENCE IN THE RING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3n STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS No [| 6171 64th Avenue # Prince George's Maryland Riverdale YESA 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ki Ok Lee Hak Soo SI 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS U.S. ARMED FORCES? I (IF YES, GIVE WAR OR DATES 6171 550-71-3843 No Kwang S. Shin 20737 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if pny, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) IVE DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [216. TIME OF INJURY HOUR AM. MONTH DAY YEAR 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING KOR 12 19 85 CONTRIBUTING CAUSE OF DEATH 8+ P.M. Pedestrian struck by auto(s) 218 PLACE OF INJURY (AT HOME. 211. LOCATION MD. STREET, FACTORY, FARM, ETC 1 AT WORK AT WORK street I-95 s. of Balto, Wash Pkwy, College Park, P.G., 22a I certify that I took charge of the remains described above, held an and in my opinian Hamicide death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE _ 2/13/85 SIGNATURE **EXAMINER'S NAME** Margarita A. Korell, M.D. ADDRESS 111 Penn St. Balto., MD. (TYPE OR PRINT) 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE STATE 2/16/85 Burial Fort Lincoln Cemetery Brentwood, md. 07/84 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home P. A. **DHMH - 17** 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (5))

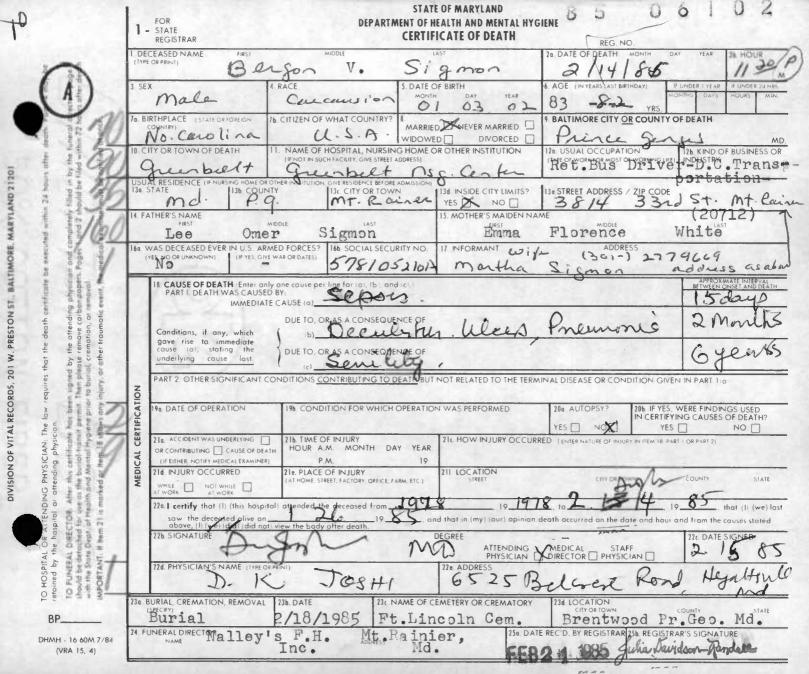


| 1 | FOR | DEPAR | STATE OF MARYLAND FMENT OF HEALTH AND MENTAL HY | GIENE | 0 1 4 4 |
|-----------------------|---|--|--|--|---|
| | STATE REGISTRAR | PEI PIC | CERTIFICATE OF DEATH | REG. NO. | |
| | ECEASED NAME FIRST | MIDDLE | LAST | | DAY YEAR 26 HOUR |
| LIAN | Bedfor | W 6 | Shipe Sr | Feb 7 198 | 85 8:33 A |
| 3. SE | | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| M | ale | Caucasian | July 22 1922 | 62 YRS. | DATS FROMS |
| 7 a. E | SIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY | MARRIED TO NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY | |
| | irginia | U.S.A. | WIDOWED DIVORCED | FRINCE GE | REELS MI |
| 00 | LINTON | (IF NOT IN SUCH FACILITY, GIVE STREET | ing home or other institution to appress to the C | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Refinisher | 12b. KIND OF BUSINESS OR INDUSTRY Furniture |
| 13a | STATE 13b COI | OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY 13c. CITY OR TO | RE ADMISSION) | 13e STREET ADDRESS / ZIP CODE 2008 Wolfe St. | 20744 |
| | ATHER'S NAME | | 15. MOTHER'S MAIDEN N | AME | |
| 4 - | Harry | W. Shipe | Cora | MIDDLE | Hughes |
| | (YES, NO OR UNKNOWN) (HEYES, C | ARMED FORCES? 16h SOCIAL SEC GIVE WAR OR DATES) 577-22 | | 2008 Wolfe St. | ngton. Md. |
| | 18 CAUSE OF DEATH (Enter | only one cause per line for (a), (b), a | 0 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUS | SED BY ATE CAUSE (0) H Pha | le tailes | | |
| _ | PART 2 OTHER SIGNIFICAN | ((c) CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GIV | (FN IN I DADT) |
| 0 | | | | | EN IN PART IIO |
| TIFICATION | 190 DATE OF OPERATION | 19b. CONDITION FOR WHIC | h operation was performed | IN CERTIF | S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO |
| CAL CERTIFICATION | 190 DATE OF OPERATION 21d, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C | 21b. TIME OF INJURY HOUR A.M. MONTH | 216 HOW INJURY OCCU | IN CERTIF | S, WERE FINDINGS USED YING CAUSES OF DEATH? |
| MEDICAL CERTIFICATION | 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTHEY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE | 21b. TIME OF INJURY HOUR A.M. MONTH | DAY YEAR 19 211 LOCATION | YES NO YE | S, WERE FINDINGS USED YING CAUSES OF DEATH? |
| | 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. 1 certify that (1) (this hear | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE | DAY YEAR 19 211 LOCATION STREET | RRED (ENTER NATURE OF INJURY IN HEM 18 P | S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO ARE LORPARE 2) COUNTY STATE |
| | 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. 1 certify that (1) (this hear | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE | DAY YEAR 19 211. HOW INJURY OCCU 19 211. LOCATION STREET | RRED (ENTER NATURE OF INJURY IN HEM 18 P | S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO ARE LORPARE 2) COUNTY STATE |
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| WEDICA WEDICA | 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF G (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. Certify that (I) (Husham sow the deceased alive obave, (I) (was (dwh) (did.) 22b. SIGNATURF 22d. PHYSICIAN'S NAME (1YP) M. F. TALEGH BURIAL, CREMATION, REMOVA | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE DOTALL VIEW the body after death. 2 C PRINT) ANT. M. D. P. A AL 23b. DATE 23c 2/11/85 R. | DAY YEAR 19 21f. HOW INJURY OCCU STREET 21f. LOCATION STREET 19 55, and that in (my) (aux) apinia DEGREE ATTENDING PHYSICIAN 22e ADDRESS 4467 OLD B NAME OF CEMETERY OR CREMATORY esurrection Cemete | RRED (ENTER NATURE OF INJURY IN TEM 18 P CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN RANCH AVE. TEMPLE 234 LOCATION CITYOR TOWN CITYOR TOWN CITYOR TOWN P | COUNTY STATE ATTILLS, MD. 20 COUNTY STATE
| WEDICAL | 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D OR CAUSE CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (1) (this her sow the deceased olive of above, (1) (aust identified did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (179) | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE DOTALL VIEW the body after death. 2 C PRINT) ANT. M. D. P. A AL 23b. DATE 23c 2/11/85 R. | DAY YEAR 19 211. HOW INJURY OCCU 19 211. LOCATION STREET 19 55 , and that in (my) (our apinia DEGREE ATTENDING PHYSICIAN 22e ADDRESS 4467 OLD B NAME OF CEMETERY OR CREMATORY | RRED (ENTER NATURE OF INJURY IN HEM 18 P CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN RANCH AVE TEMPLE 23d LOCATION CITY OR TOWN CITY OR TOWN PAGE 1807 ATER CD. BY REGISTRAR 125b. REGIST | COUNTY STATE ATTILLS, MD. 20 COUNTY STATE

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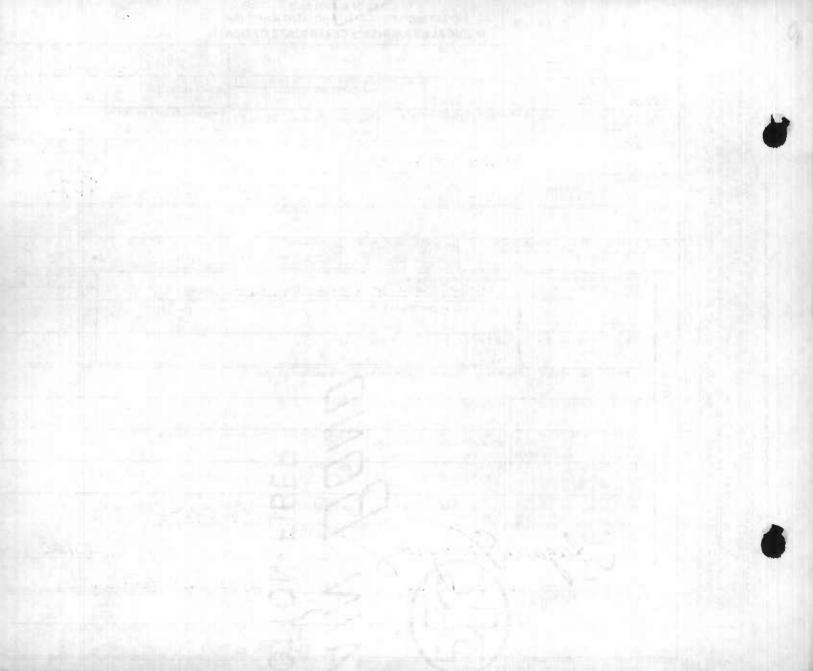
| FOR STATE REGISTRAR | DEPAR | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | SIENE S S O | 6 1 0 1 |
|--|--|--|---|--|
| I. DECEASED NAME (TYPE OR PRINT) | FIRST S. MIDDLE | LAST | 20. DATE OF BEATT | DAY YEAR 25. HOUR |
| (TYPE OR PRINT) | MARY SHOOP | | | 2 1985 5:15a _M |
| 3. SEX | 4 RACE | S. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. |
| Female | White | April 14 1921 | 63 _{YRS.} | |
| 76. BIRTHPLACE (STATE ORF COUNTRY) Pénnsylvan | ia USA | MARRIED NEVER MARRIED WIDOWED | Prince George | MD. |
| Andrews AF | B Malcolm Grov | w USAF MC | 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LI Retired Nurse | |
| USUAL RESIDENCE (IF NURS 130. STATE Pennsylvan | INCHOME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR 136 COUNTY 136 CITY OR TO 13 Mifflin Lewis | WN 113d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE 848 East Walr | nut 99999 |
| FATHER'S NAME FRIST George | Mohnasky | 15 MOTHER'S MAIDEN NA Susan | ME | Fhutack |
| 160 WAS DECEASED EVER (YES, NO OR UNKNOWN) | IN U.S. ARMED FORCES? 166 SOCIAL SEC | | arks Same | as #13 |
| LIL CALISE OF DEAT | H (Enter only one couse per line for GARD | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PAKI I. DEAIH W | | Lio pulmorary arres | | |
| Conditions, if any, | DUE TO, OR AS A CONSEC | UENCE OF | e ascips | |
| Conditions, if ony, gove rise to imm couse (o), storin underlying couse | nediate DUE TO, OR AS A CONSEO | -00 | of the colon | |
| PART 2 OTHER SIGN | NIFICANT CONDITIONS CONTRIBUTING TO | O DEATH BUT NOT RELATED TO THE TERM | AIN AL DISEASE OR CONDITION GIV | VEN IN PART TIO |
| THE TOP OPERA | TIÓN 196 CONDITION FOR WHIC | CH OPERATION WAS PERFORMED | IN CERTI | S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO |
| | CAUSE OF DEATH HOUR A.M. MONTH | DAY YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART T OR PART 2) |
| OR CONTRIBUTING OF CONTRIBUTIN | LAT HOME STREET FACTORY OFFICE | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| sow the decease | (this hospital) attended the deceased from | 35, ond that in (my) (our) opinion | death occurred on the date and have | 19, that (I) (we) lost us and from the causes stated |
| 22% SIGNATURE | motheylle aMD | THI OF THE L | MEDICAL STAFF DIRECTOR PHYSICIAN | 221. DATE SIGNED 2-12-85 |
| 22d. PHYSICIAN'S N. | Y Y CHOU, MD | MALCOLM GRO | W USAF MC, ANDRE | WS AFB MD 20331 |
| 230 BURIAL, CREMATION, | REMOVAL 23b DATE 23 | NAME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY |
| Burial | 15Feb1985 J | uniata Mem. Park | Lewistown N | Mifflin Pa |
| 16 50M 4/83 A 15, 4) 24 FUNERAL DIRECTOR Robert E. | Wilhelm FuneraTRES | Sufferand ind | TE REC'D. BY REGISTRAR 256. REGIS | TRAR'S SIGNATURE |





recei e recei الأحميد المرازين أيدادون أراسد سالواليالة The real of December of the Man of the Part of Run

| | | FOR | | I | DEPARTME | | OF MARYLA | | YGIENE 5 | 0 | 6 | 1 0 | 3 |
|---|---------------|---|--|---------------------------------------|-----------------------------------|-----------------------|-----------------------|------------------------------------|--|--------------------|--------------------------------|--------------------|---------------|
| 1000 | | STATE REGISTRAR | | MEI | DICAL EX | AMINER | 'S CERTIF | ICATE O | F DEATH | REG. NO |). | | |
| | I. DEC | CEASED NAME OR PRINT) | FIRST | | WIDDLE | | SMITH | | OF | | | DAY YEAR | Zb. HOL |
| FILES OUR | 3. SEX | 4. RA | | 5. DATE OF BIRTH | | | IF UNDER 1 YR | IF UNDER | 24 HRS. 2c. DAT | E | MONTH I | 7 1985 DAY YEAR | 2d HO |
| PRY, POURE | Fe | male Whi | te | MAY 4 | 1921 | AST BIRTHDAY) 63 YRS. | MONTHS DAYS | HOURS | MIN PRONOU DEA | NCED D | 2 1 | 17 1985 | 5:08 |
| FUNERAL DIRECTOR. 5 FOR YOUR FILES. I. WITHIN 72 HOURS W. PRESION STREET, | FO | RTHPLACE (STATE OF REIGH COUNTRY) | R | USA | AT COUNTRY | / | MARRIED N | NEVER MARRI | ED 📙 | MORECITY O | _ | | ^ |
| | | IY OR TOWN OF D | EATH | II NAME OF HOS | | | | TUTION | 12a. USUAL OCCU FOR MOST OF WO TEACHER | | | OR INDUST | JSINESS RY |
| Q Q | 13a S | | 136. COUNT | ROTHER INSTITUTION GIVEN | 13c. CITY OR | | | | 13e STREET ADDR 3804 HEI | | LACE | 2074 | 18 |
| URS AFTER DEATH. IF ANY 8. GIVE PAGES 1, 2, AND WITH FORM PM 3. RETA WITH FORM PM 3. RETA WITH SIGNO OF WITAL RECO DIVISION OF WITAL RECO | 14. FA EN | THER'S NAME FIRST | | MIDDLE | FOW | LER | OL. | HER'S MAIDE | NNAME | WIDDLE | ANDE | ERSON | |
| 7 | | AS DECEASED EVI S, NO, OR UNKNOWN) NO | | AED FORCES? WAR OR DATES) | | SECURITY N | 100 | | SMITH JI | ADDRESS R. SAME | : AS #1 | 13 | |
| AL, CREMATION, OR REMOVAL. | | Conditions, if gave rise to cause (a) stati lying cause la | IMMEDIAT any, which a immediate ng the under- | DUE TO, OR | AS A CONSEC | rioscle: DUENCE OF | rotic car | diovascu | ılar diseas | e | | BETWEEN ONSE | ET AND DEAT |
| 4 | CERTIFICATION | PART 2 OTHER SIGNIFIC | | CONTRIBUTING TO OFATH I | | | DISEASE OR CONDIT | | R7 1 to | | | 20 AUTOPSY | * |
| 7 | | 210 EXTERNAL CA UNDERLYING [CONTRIBUTING [| OR | | MONTH DA | | 71c. HOW INJUI | RY OCCURRE | D LENTER NATURE OF I | NJURY IN ITEM 18 P | PART 1 OR PART 2) | YES 🗆 | NO [Å |
| メクシ | MEDICAL | | DT WHILE WORK | 21e PLACE C STREET, FACT | OF INJURY (A TORY, FARM, ETC.) | THOME, 2 | II LOCATION STREET | Шат | CITY OR TO | OWN | COUNTY | Y | STATE |
| INE, MARTIAND, ZIZUI | | 22a I certify the death resulted from ACTUAL SIGNATULE | | e of the remains design all causes X, | Accident Accident | held on | TITLE | Inspection micide (SPECIFY) Peputy | Undetermined of | nanner , | d in my opinion DATE 2 SIGNED | on 2/17/198 | 5 |
| TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BA TIMORE, MARYLAND, | 1 | EXAMINER'S NAM | August | - D. Dadada | M.D. | 0 | ADDRESS | 5009 | Rayburn Ct. | Tem1e | W:11c | Md | |
| | - | | | | | 100 | N. Saleston | | | · remore | : 111115, | | |
| n n | 23a. Bl | JRIAL, CREMATION PECIFY) BURIAL | REMOVAL 2 | | 23c. NAN | | ERY OR CREMA | TORY | 23d LOCATION CITY OF TOWN SUITLA | | COUNTY PG | | TATE D |



| 6 | 5 | lit |
|---|-------|------|
| | e 6.4 | 1 DE |

tem #15 3/11/85 mtb - STATE REGISTRAR CEASED NAME E OR PRINTS

Male

To BIRTHPLACE I STATE OR FOREIGN

II CITY OR TOWN OF DEATH

CHEVERLY

Joseph

Washington DC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| REG. N | 10. | | |
|------------------|-------|------|------|
| e. DATE OF DEATH | MONTH | DAY | YEAR |
| | 02- | 14-8 | 35 |

| П | 2b. | HOUR |
|---|-----|------|
| | 100 | |

| | MIDDLE | LAST | | | 20. DATE OF DEATH | MONTH | DAY | YEAR | 2b. HOL | JR |
|-------------|------------------|----------------|-------|-----------|---------------------------|----------|----------|--------|----------|--------|
| L | т. | SMI | TH | | | 02- | 14-85 | 5 | 8 : | 27AM |
| 4. RACE | | 5. DATE OF BIR | TH | | 6. AGE IN YEARS LAST BE | RTHDAY} | IF UNDER | RIYEAR | IF UNDER | 24 HRS |
| Whi | te | Sept | 5 | 1923 | 61 | YRS | MONTHS | DAYS | HOURS | MIN. |
| 76. CITIZEN | OF WHAT COUNTRY? | 8. | NEVER | MAPPIED T | 9 BALTIMORE CITY | OR COUNT | Y OF DE | ATH | | |

USA DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

PRINCE GEORGE'S GENERAL HOSPITAL

PRINCE GEORGE'S 126 USUAL OCCUPATION 126 KIND ON THE TOTAL 1 (1796 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ACADEMY

Security Guard of Sciences 13 e.STREET ADDRESS / ZIP CODE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130. STATE 136 COUNTY 13c CITY OR TOWN Maryland PG Ritchie

MIDDLE

Smith

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Alice

113d INSIDE CITY LIMITS?

Brown

9510 Dogwood Park St

160 WAS DECEASED EVER IN U.S. ARMED FORCES HE YES, GIVE WAR OR DATEST

PART I. DEATH WAS CAUSED BY

146 SOCIAL SECURITY NO

17 INFORMANT

15. MOTHER'S MAIDEN NAME

Yes WWII

SAMUEL

Margarete B. Smith 579-18-2669 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BLEEDING

Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE IO Conditions, if any, which gove rise to immediate cause (a), stating

underlying couse

190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

| 210. ACCIDENT WAS UNDERLYING |
|-------------------------------------|
| OR CONTRIBUTING CAUSE OF DEATH |
| (IF EITHER NOTIFY MEDICAL EXAMINER) |

NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OF TOWN COUNTY STATE

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

saw the deceased alive an abave, (I) (we) (did) (did not) view the body after death 226 SIGNATURE

22a.1 certify that (1) (this haspital) attended the deceased from

236 DATE

DEGREE ATTENDING PHYSICIAN A

MEDICAL DIRECTOR PHYSICIAN

23d LOCATION

and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated

22c DATE SIGNED

STATE

Md

ARAS

5100

23c NAME OF CEMETERY OR CREMATORY

| 23a | BURIAL, CREMA | TION, | REMOVAL |
|-----|---------------|-------|---------|
| | (SPECIFY) | | |
| | Burial | | |

Robert

DHMH - 16 50M 4/83 (VRA 15, 4)

ild be deto the State [

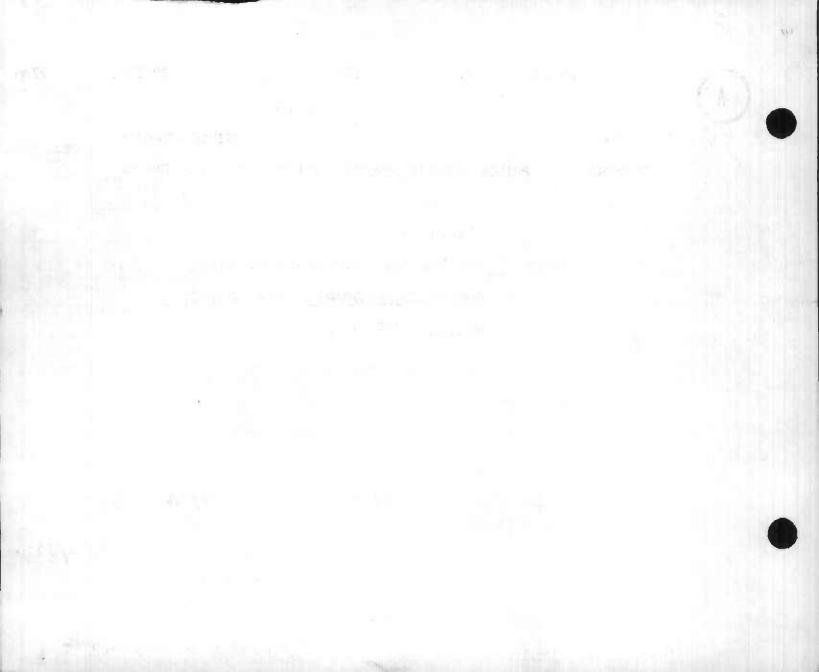
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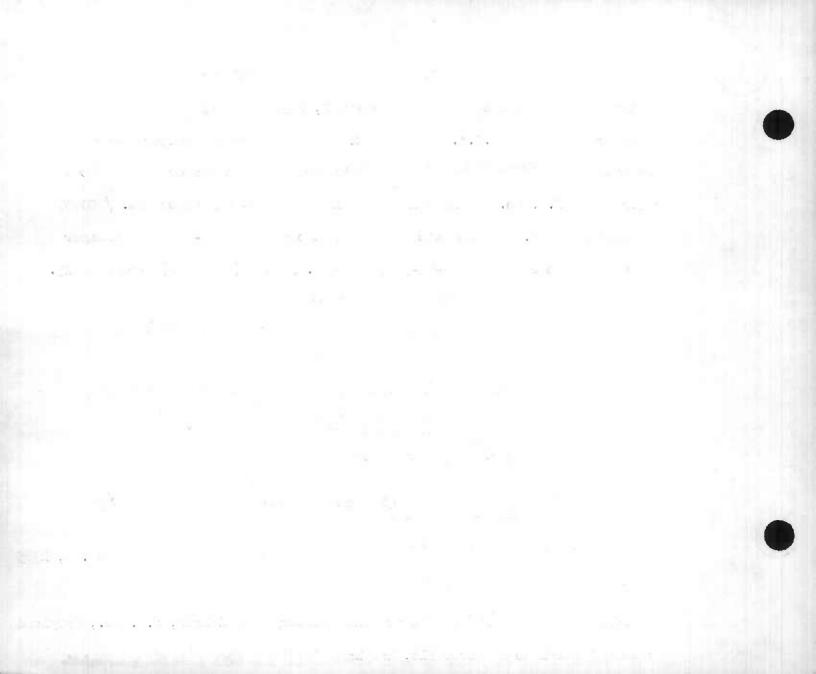
19Feb85 24 FUNERAL DIRECTOR

Wilhelm Funeral Home

Maryland Vet Cem Cheltenham ADDRESS Suitland, Md. 23d. DATE RECD. BY REGISTRAR 23B. REGISTRAR'S SIGNATURE



| 5 | 1. | FOR STATE REGISTRAR | | | DEP | ARTMENT OF | TE OF MARYLAND HEALTH AND MENTA FICATE OF DEATH | | 8 5 REG. NO | 0 | 6 | 0 5 |
|--|---------------|---|-------------|--------------------------|-----------------------------------|--------------------------------|--|--------------------|--|-----------------------|-------------------------|-------------------------------------|
| (,) | | CEASED NAME | FIRST | | MIDDLE | | LAST | 2a (| DATE OF DEATH | MONTH D | AY YEAR | 2b. HOUR |
| (A 621) | 11177 | OR PRINT) | Le | titia | Τ. | . Sm | oak | F | ebruary 8 | 1985 | , | 11:50A M |
| V 2 | 3. SE | (| | 4. RACE | | 5. DATE | OF BIRTH | 6. A | GE (IN YEARS LAST BIR | THDAY) | IF UNDER TYEAR | IE UNDER 24 HRS |
| oge 4 | | Female | | White | | | uary 2, 189 | 96 | 89 | YRS. | ONTHS DAYS | HOURS MIN. |
| d 42 | 7a. B | RTHPLACE (STATE OR E | OREIGN | 76 CITIZEN OF | WHAT COUN | MARRI | ED NEVER MARRIED | 9. BA | ALTIMORE CITY O | R COUNTY | OF DEATH | |
| leo in 7 | 1 | /irginia | | U. S | 5.A. | WIDOW | | | rince Geo | rges (| County | MD. |
| 1 | 10, C | TY OR TOWN OF DEA | ТН | 11. NAME OF | HOSPITAL, NU CHEACILITY, GIVE: | URSING HOME STREET ADDRESS) | or other institution | NI 12a | USUAL OCCUPATI E OF WORK FOR MOST O | ON OF WORKING LIFE | 126. KIND C INDUSTRY | |
| and the | USU | Laurel AL RESIDENCE # NURS | ING HOME OF | | | | | Lal | Homemake: | r | Ho | me |
| 4 55 A | 13a. S | TATE | 13b COU | NTY | 13c CITY OR | TOWN | 134. INSIDE CITY LIMI | | STREET ADDRESS | | , | |
| 1 2 2 | | ryland | P.G | . Co. | Laur | rel | YES NO | | 06 Bradf | ord Ct | . / 20 | 707 |
| 10776 | PLEA | THER'S NAME FIRST | | MIDDLE | LASI | 1 | 15 MOTHER'S MAIDE | ENNAME | MIDDLE | | LAS | 51 |
| B #5/8/2 | _ | William | | F. | Johnst | | Leonore | a | 000 | | Shear | er |
| e execu | | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL | SECURITY NO. | 17 INFORMANT | | ADDRE | SS | | |
| be es | | No | Non | | 578-2 | 6-3767 | Edna S. In | nsley | (Daughte: | r) Sam | e as # | 13. |
| physicia physicia poper movol. | | 18 CAUSE OF DEAT PART I. DEATH W | AS CAUSE | D RV. | 0 - | | Renal | F | in lux | e | BETWEEN | CMATE INTERVAL ONSET AND DEATH |
| that the death ce d by the attending lease remove carb (a), cremation, ar r | | Canditians, if any, gave rise to imm cause (a), statin underlying cause | rediate | , | R AS A CONS | EQUENCEOF | Septice n L Hem foration | riator | ma, f | eptic | | |
| Then p | NOL | PART 2 OTHER SIGN | n 6 | raelin | e dist | oralion | left the | | Fracture | | | 0 |
| : The law sicion. The has being permit yglene price. | CERTIFICATION | 19a DATE OF OPERAT | | Evo | acuat | ion of | Suldua Toma | l Y | es ☐ NO 🔀 | IN CERTIFY YES | | NGS USED S OF DEATH? NO |
| SICIAN: ig physicartificat riol-tran ental Hy | | 216. ACCIDENT WAS UND OR CONTRIBUTING () C LIFETHER NOTIFY MEDIC | AUSE OF DE | 111 | MONTH | DAY YEAR | and the same of th | OCCURRED (| ENTER NATURE OF INJUI | RY IN ITEM TO PA | RT I OR PART 2) | |
| offendir ter this is the bu | MEDICAL | 214 INJURY OCCURE WHILE NOT WH AT WORK AT WOR | ILE 🗀 | 21e PLACE (AT HOME ST | OF INJURY REET, EACTORY, OF | FFICE, FARM ETC) | 211 LOCATION STREET | | CITY OR TO | WN | COUNTY | STATE |
| TENDIN ortal or TOR Al | | 220 I certify that (I) saw the decease | d alive on | 2. | 8 | | nd that in (my) (our) ap | 94 pinion death | ta 2 - 8 occurred on the do | te and hour | 9.85, and from the | that (I) (we) last causes stated |
| L OR All the hosp L DIREC toched be toched be toched be | | 22b SIGNATURE | 2 Ph | ibally | ditter dedini. | 0 | DEGREE | ING ME | EDICAL STAI | FF | 22c. DATE | SIGNED |
| TO HOSPITA etoined by TO FUNERA should be de with the Stot | | PHYSICIAN & DIRECTOR PHYSICIAN Feb. 8, 1985 PRAJENDRA P. TRIPATHI 3450, Fort Meade Rd. Laurel, MD. | | | | | | | | | | |
| 5 5 5 4 3 ₹ 1 | 23a. E | URIAL, CREMATION, | REMOVAL | 23b. DATE | | 23c. NAME OF | CEMETERY OR CREMAT | TORY 23 | M. LOCATION | | 4.00 | **** |
| BP | \ ' | Burial | | Feb/12 | 2/85 | Cedar H | ill Cemeter | rv | Suitland | P.G. | CO. | Mary and |
| DHMH - 16 50M 4/83 | 24. FI | INERAL DIRECTOR | | | | | | | D. BY REGISTRAR | 25h REGISTR | AR'S SIGNAT | TURE |
| (VRA 15, 4) | Ch | ambers Fur | eral | Home F | Riverda | ile, Mar | yland FRE | 243 | 1005- 1.1- | Kil | 70.1 | |



| 19 | | 1- | FOR STATE REGISTRAR | | DEPARTA | AENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE B S | Ö. | 6 ! | 0 6 | |
|--|--|-----------------------|--|------------------------|---|---------------|---|--|-------------------------------|--|-------------------------------|--|
| 10 | | | CEASED NAME FIRST OR PRINT) | | WIDDLE | | AST . | 2a. DATE OF DEATH | MONTH DAY | YEAR 21 | HOUR | |
| 2 /20 | 1 | (1111) | Margaret | | М. | Spei | den | 02/0 | 1/85 | 8 | :34 p M | |
| E (Tb |) | 3. SE | (| 4 RACE | 0.000 | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | RTHDAY) IF UP | | UNDER 24 HRS | |
| 4 | / | | Fema1e | Caucas | ian | | /30/89 | 95 | YRS | UA13 | Min. | |
| P.0 | 5 10 | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | |
| eoth | 6// | Was | shington, D.C. | * U.S. | A. | WIDOWE | | Prince Georges Count | | | ty MD | |
| y the teled with | Softfied (| | TY OR TOWN OF DEATH | (IF NOT IN SU | 11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Southern Maryland Hos | | | 120 USUAL OCCUPAT (14PE OF WORK FOR MOST OF BOOKKEEDET | OF WORKING LIFE) | 12b. KIND OF BUSINESS OR INDUSTRY Florist | | |
| hin 24 hours ly filled in b should be fi | 36 | USU: 13a. S | AL RESIDENCE (IF NURSING HOM | E OR OTHER INSTITUTION | 130 CITY OR TOW | ADMISSION) | | 13e.STREET ADDRESS | / ZIP CODE | 20' | 745 | |
| within setely for | ie - | | THER'S NAME | | 9 0-0-1 | | 15 MOTHER'S MAIDEN NA | | , twood A | VG. | | |
| pan on o | 160 | | Thomas | WIDDIE | Mason | | Margaret | MIDDLE E. | J | Horrig | an | |
| n and o | medica / | | VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES | ARMED FORCES? | 579-05-5 | | Raymond X. S | haver 1105 | Stratwo on Hill | od Ave | | |
| requires that the death certificate in signed by the attending physics. Then please remave carbonopopeir to burial, cremation, or removal. | njury, ar other traumatic e | MEDICAL CERTIFICATION | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last | (b) DUE TO, C | OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO 1 | N G | NOT RELATED TO THE TERM | | | N PART Ita | | |
| on. hos bee t permit | ows only | | 190 DATE OF OPERATION | . , | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WE IN CERTIFYING | G CAUSES OF | S USED F DEATH? | |
| | 19 19 19 19 19 19 19 19 19 19 19 19 19 1 | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM | DEATH HOUR A | OF INJURY M. MONTH DA | YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART T | OR PART 2) | | |
| offending offer this of the bund Me | rked or | | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY TREET, FACTORY, OFFICE, F | ARM, ETC) | 211 LOCATION STREET | CITY OR TO |)WN | COUNTY | STATE | |
| OR ATTENDING PHYSICIA e haspital or ottending pl DIRECTOR: After this certificated for use as the burial-th | 21 is ma | | 22a I certify that (I) 200626 saw the deceased alive above, (I) (300 (d)d) (die | an | 2-1-108 | 5,01 | -30-, 19 \$5 and that in (my) (Wr) apinion | , to death accurred an the d | ate and have and | from the case | it (I) (🗚 last uses stated | |
| . 4 | = | | 226. SIGNATURE VI Anway gardle M. ATTENDING MEDICAL STAFF 22. 2. 8 PHYSICIAN DIRECTOR PHYSICIAN | | | | | | | | 2 . 8 S | |
| TO HOSPITAL retained by the TO FUNERAL should be detained by the State | MPORTANI. | | V. ANMAN GANILA CLINTON, MD 20735 # 101 | | | | | | | | | |
| BP | _ | | urial, cremation, remo | 2/4/85 | | lar Hi | emetery or CREMATORY 11 Cemetery | Suitismo | | Mary | | |
| HMH - 16 50M 4/1 (VRA 15, 4) | 83 | | orge P. Kalas | Funeral | Home 6160 | Oxon on Hi | Hill Rd 250 DAT | e rec'd. by registrar 1985 | 25b. REGISTRAR | S SIGNATUR | 2 | |

deligate majorable deligate de the broad made of the control of the first owner against about the first of The second of th a "Military and the comments of the comments o Manager 11 in the latter of the 12 and 4 Later the Control of
| 1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. |
|--|
| |
| DECEASED NAME ADDLE LAST TO DATE KNOWN P MONTH DAY YEAR |
| The/ma T. Spicer DEATH MATED 12-2/1985 |
| S DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. II. DATE MONTH DAY YEAR |
| Temple Dlack |
| Th CITIZEN OF WHAT COUNTRY OF PEATH |
| Washington D.C. U.S.A. WIDOWED DIVORCED Prince Creages |
| III CITY OF TOWN OF DEATH IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1226 KIND OF BU |
| Cheverly Prince Genges Gonzal Hand Beautician Put |
| JSUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS |
| Maryland Prince Georges Seat Pleasant YES XX NO 1122 Carrington Ave |
| IL FATHER'S NAME |
| George Taylor Marion Brown |
| 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 161. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS |
| No 578-28-8502 Melvin Spicer- 1127 Carrington, Aven |
| 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c),) |
| PARTIDEATH WAS CAUSED BY: |
| DUE TO, OR AS A CONSEQUENCE OF |
| PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio parting DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which |
| gave rise to immediate (b) cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF |
| lying couse lost. |
| PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) |
| W6M4T2 - 6 to 1 |
| The DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY YES 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH ON YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
| YES □ |
| YES TO THE PROPERTY OF THE PRO |
| TUNDERLYING OR HOUR A.M. MONTH DAT TEAR |
| CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, STREET CITY OR TOWN COUNTY WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY |
| |
| A STATE OF THE STA |
| 220 Certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry |
| double resulted from: Notural causes . Accident ., Suicide, Hamicide, Undetermined monner, |
| ACTUAL COLOR DEPUTY MEDICAL EVANINER DATE 2 - 2. |
| SERVED M.D. Deputy MEDICAL EXAMINER SIGNED 2 - J. |
| ACTUAL SIGNATURE Augusto P. Rodrigue, M.D. Accident Augusto P. Rodrigue, M.D. Actual Address, 5009 Rayburn Ct., Temple Hills, Md |
| Type or print) Augusto P. Rodrigue, M.D. Address 5009 Rayburn Ct., Temple Hills, Md |
| (SPECHY) SCHOOL COUNTY S |
| BP Burial Teb. 26, 1985 Harmony Cemetery Landover P.C. |
| |
| DHMH 17 (VR A15 ME (5)) Burial Feb. 26, 1985 Harmony Cemetery Landover Registrar's signature ADDRESS Washington, D.C. HAR O I Washington Fundamental Ave., S.E. |

James Black & Secret Him Congression Her

FOR - STATE

4. RACE

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| REG. NO. | | | | |
|---------------------------------|---------|--------|----------|---------|
| 20. DATE OF DEATH MONTH | 5 5 | YEAR | 8-30 | JR P |
| 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
| 70 YRS | MONTHS | DAYS | HOURS | MIN. |

76 CITIZEN OF WHAT COUNTRY I HATE OR FOREIGN

DR

MARRIED NEVER MARRIED DIVORCED WIDOWED

PRINCE GEORGE'S COUNTY

136 COUNTY 13a STATE

OWN OF DEATH

COLLEGE PARK

11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION

INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 5011 LAKELAND

BALTIMORE CITY OR COUNTY OF DEATH

4 FATHER'S NAME

REGISTRAR DECEASED NAME

(TYPE OR PRINT)

SEX

SPRIEGS

MIDDLE

17 INFORMANT

ADDRESS

MIDDLE

SREEN LEAF

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OF UNKNOWN) (IF YES GIVE WAR OR DATES) NONE

SAME AS

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: witho IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

CERTIFICATION

716 TIME OF INJURY

THE CONDITION FOR WHICH OPERATION WAS PERFORMED

NON THE HOW INJURY OCCURRED. COMPANY OF THIS PART IS ON PART OF

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

THE ACCIDENT WAS UNDERLYING. OF CONTRIBUTING TO CAUSE OF DEATH (# EITHER HOTET MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR P.M.

JOB AUTOPSY?

214 INJURY OCCURRED 71e PLACE OF INJURY AT HOME SIRET FACTORS OFFICE LARM, ETC.) NAMES NOT ASSESSED.

III. LOCATION

CITY OF TOWN COUNTY SPARE

27x I certify that (I) (skin hospital) attended the declared from 77h SIGNATIONS

nd that in (my) lours opinion death accurred or the distraind hour and from the course stated DEGREE

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

77r. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL BURIAL

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION WILSON MEMORIAL COMETERY GAMBRILLS

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

DI 1946 18 334 308 31

(VRA 15, 4)

DIAMETE. ET CHI ENO TOTAM EXOL SECIE oviril resided VEGI - x sillive soul felevel and designed . day 4.50 loff celter reales Ty-50-1318 luth I. Lann Grownwille, Maryland 21012 would have been I E A. 12, 19E Siple manyable care local alam 2000 ter terrer to the contract of the contract to . if change to test Lawrer Life. 1]

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRST KNOMH DE WONTH LTYPE OR PRINTI ESTI-Arthur DEATH MATED Edwin 19 85 Steiner 04 4. RACE 2d HOUR 3 SEX DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. TIF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White 09 08 76 YRS 14 DEAD 16. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) Illinois U.S.A. Prince George's County WIDOWED T DIVORCED ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Ret. Warehouseman U.S. Govit. Hvattsville 4206 74th Place 3a STATE 13d. INSIDE CITY LIMITS? NO 4206 74th Place 136 COUNTY 13c. CITY OR TOWN P.G. 20784 Maryland Hvattsville YES X FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE (Unknown) Lucinda Charles Steiner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) W.W. II 213-09-8460 Margaret Steiner (Wife) Same as 13e Yes -Army 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). Arteriosclerotic cardiovascular disease BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 3 SHOULD BE UDEPARTMENT OF PRIOR TO BUR 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE NOT WHILE EXECUTE THE CERTIFICATE.

PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAGE A SHOULD BE FORW
AFTER DEATH THE STANDING. Inspection X 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion deoth resulted fram: Notural causes Hamicide Undetermined manner TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Temple Hills, Md. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATOR' 2/7/85 Fort Lincoln Cemetery Burial Brentwood P.G. Maryland BP 250. DATE REC P. BY RESSOR 1256 REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md. 20781 20M 4/B2

. it was a second of a second of the second

FOR - STATE REGISTRAR

DECEASED NAME TYPE OR PRINTS

COUNTRY

3. SEX

CERTIFICATION

MEDICAL

morked or Hem

Henrietta

P.G.

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

7th SIGNATUR

Female

Canada

TO BIRTHPLACE (STATE OF FOREIGN

10 CITY OR TOWN OF DEATH

Greenbelt

Maryland

FIRST

James

4 FATHER'S NAME

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130, STATE 136 COUNTY

MIDDLE

Ethel

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

216. TIME OF INJURY

P.M.

21e PLACE OF INJURY

HOUR A.M. MONTH DAY" YEAR

(AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)

White

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Greenbelt Nursing Home

13c. CITY OR TOWN

Greenbelt

LAST

Harte

166 SOCIAL SECURITY NO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Stevens

MP12H

WIDOWEDXX

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

5. DATE OF BIRTH

CERTIFICATE OF DEATH

23

MARRIED NEVER MARRIED

YES 🚽

15. MOTHER'S MAIDEN

17 INFORMANT

| F DEATH | REG. NO. | |
|--|---|---|
| | 20 DATE OF DEATH MONTH DAY | 85 26 HOUR 30 |
| 3 1899 | | UNDER I YEAR IF UNDER 24 HRS |
| ER MARRIED DIVORCED DIVORCED DINSTITUTION | 9 BALTIMORE CITY OR COUNTY O Prince George's 17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Supervisor | |
| DE CITY LIMITS? NO [] IER'S MAIDEN NAMERST Margaret | 13e.STREET ADDRESS / ZIP CODE 39 D Ridge Road AE MIGDLE | 20770 McTargart |
| en Stever | | West 147th Av orida 33033 |
| ueer | E Wille - | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Les ta | n | |

| No | | 215-03-6543A | Helen Steve | ens Homest | ead. | Florida 33033 |
|---|--|--------------------------|------------------------|----------------------|-------------|---|
| 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA | inly one couse per ED BY: TE CAUSE (0) | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost | (b)_ | R AS A CONSEQUENCE OF | us ters to | un | | |
| PART 2 OTHER SIGNIFICANT | CONDITIONS CO | | NOT RELATED TO THE TER | MINAL DISEASE OR COM | VDITION GIV | EN IN PART 1:0 |
| 190 DATE OF OPERATION | 19b. COND | ITION FOR WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTI | S, WERE FINDINGS USED FYING CAUSES OF DEATH? |

21f LOCATION

115 Centerway

MPORTANT

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 2/6/85 Burial

Till Bergemann M.D.

220 1 certify that (I) (this hospital) attended the deceased from saw the deceosed olive on down S/71
above, (I) (we) (did) (did not wiew the body ofter death

> 23c. NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery Brentwood

DEGREE

23d LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

Greenbelt, Md. 20770

and that in (my) (our) opinian death occurred on the date and hour and from the causes stated

COUNTY

COUNTY

STATE

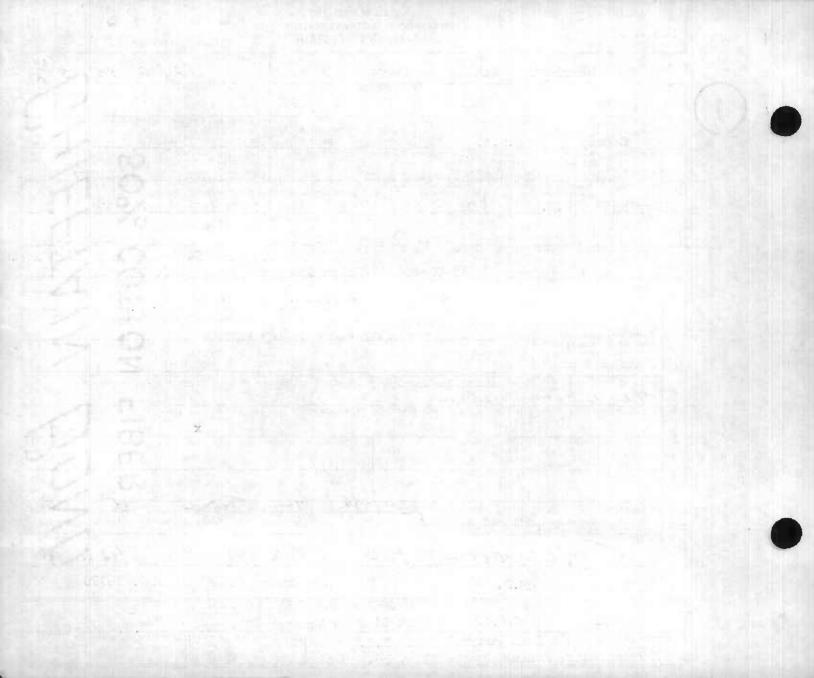
STATE

4 Francis Casch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

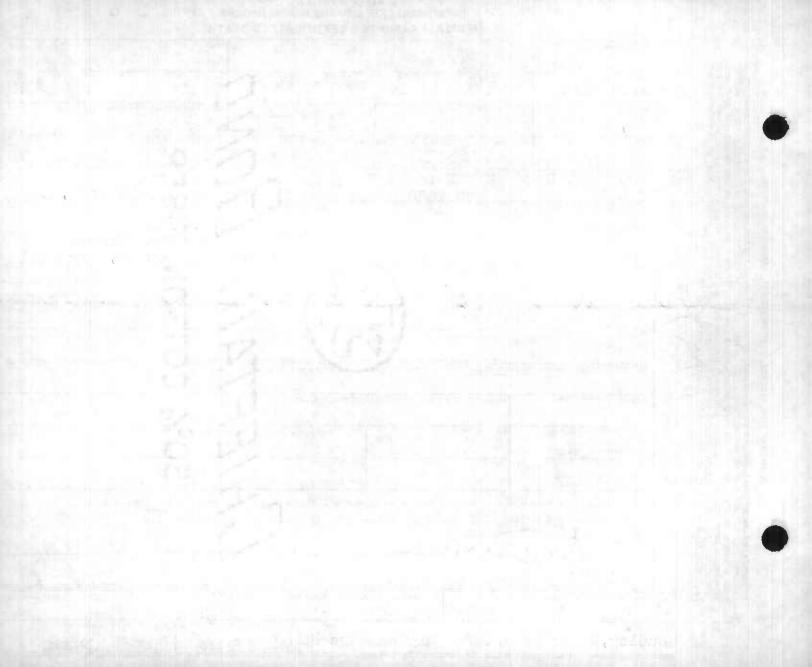
250. DATE REC'D. BY REGISTRAR

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED



| | | FOR | | | DEDART | | | ARYLAN | | VOLEN | L. | | n | 6 | . 1 | 7) |
|---|---------------|--|------------------------------------|--|--------------|--------------------|--------------|---------------|--------------|-----------|------------------|----------------|-------------|-----------|--------------|-----------|
| | | STATE REGISTRAR | | ME | | MENT OF H | | | | | | | | 0 | | ding |
| 1 | 1 DE | CEASED NAME | FIRST | MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. MIDDLE LAST 120. DATE KNOWN IX M. | | | | | | | | - | ITH DA | Y YEAR | 26 HOUR | |
| FOR YOUR ILLS WITHIN 72 HOURS PRESTON STREET, | (TYF | E OR PRINT) | Juan | / | Tyron | 2 / | St | even | S | | OF | ESTI- MATED | | 2 . | 269 85 | |
| | 3 SE | | 4 RACE | DATE OF BIRTH | - | AGE (IN YEAR | S IF UND | DER 1 YR. | IF UNDER | | 2c. DATE | | MON | | | 2d HOUR |
| | IM | ale | Black | 18/ | 64 YEAR | LAT STHDAY | MONTHS | DAYS | Hours | MIN | PRONOUN DE AD | NCED | | 2 2 | 2619 85 | 3:20 |
| 7 | | RTHPLACE (ST | ATE OR | 76. CITIZEN OF W | HAT COUN | ITRY? | MARRIE | D NE | VER MARRI | ED XX | 9 BALTIM | ORE CIT | Y OR CO | UNTYO | | |
| 1 | | ash, DC | | USA | | | WIDOWE | D 🗆 | DIVORCE | | Pr | ince | Geor | ge's | Cour | ity, MD. |
| 0 | 10 C | TY OR TOWN | OF DEATH | 11. NAME OF HO | | | OR OTHE | R INSTITU | TION | | AL OCCUI | PATION (| TYPE OF WO | RK 126 F | OR INDUST | SINESS |
| | | prestvi | | 3311 | Walte | rs Lane | Apt | t. 3 | | Lab | ore | | | I | Vone | |
| 1 | 13a. S | TATE | 13b COUN | OR OTHER INSTITUTION O | | | 1 | 13d INSIDE CI | ITY LIMITS? | | ET ADDRE | | 979 | 2 | 3 | and a |
| 1 | | 35 Ala | | | Wa | sh | | YE XX | NO 🗌 | 1735 | Ala | Ave | e SE | Was | sh, DC |) |
| 1 | 14. F/ | ATHER'S NAME | | MIDDLE | | LAST | | FI | R'S MAIDE | | | NIDDLE | | | LAST | |
| 9 | 16a \ | Unkno VAS DECEASED | WN EVER IN U.S. AR | MED FORCES? | 16b. SO | CIAL SECURITY | NO. 1 | The. | lma I | | Ste Fair | | | 0.2025 | 200 | |
| | | ES, NO, OR UNKNO | | WAR OR DATES | | nknown | 4,55 | | ene S | | | | _ | erra | ace aryla | nd |
| | - | | DEATH (Enter or | nly ane cause per lin | | | | Tuge | 5116 K | 000 | CIIS | DI-O | oner | | APPROXIMATE | INTERVAL |
| | | PART I DE | ATH WAS CAUSE | D RY. | | ple Stal | o Woi | ınds | | | | | | BE | TWEEN ONSE | AND DEATH |
| | | | III WILL DIA | | | SEQUENCE OF | | | | | | | 1) J= | | | |
| ON, OR REMOVAL. | | gave ris | s, if any, which e to immediate | (b) | A | | | | | | | | ' | | | |
| | | cause (a) lying caus | stating the <u>under</u> | DUE TO, OF | R AS A CON | ISEQUENCE OF | | 100 | 199 | | 18 4 | - | | | | |
| | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1. | | | | | | | | | | | | | | |
| | z | PART 2 OTHER SIG | INIFICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELA | ITED TO THE TERMIN | AL OISEASE (| OR CONDITION | GIVEN IN PAR | NT 1 Hot. | | | | | | |
| - | ATIO | 19a. DATE OF | OPERATION | 196 COND | TION FOR | WHICH OPERA | TION WA | S PERFOR | MED? | | | | | 120 | AUTOPSY' |) |
| | FF | 10.0 | | | | | | | | | | | | | YES XX | NO 🗆 |
| | CERTIFICATION | | L CAUSE WAS | 216. TIME O | F INJURY | DAY YEAR | 21c HO | W INJURY | OCCURRE | D (ENTERN | ATURE OF IN | JURY IN ITEM | 18 PART 1 O | R PART 2) | V-V | |
| 1 | | UNDERLYING CONTRIBUTIN | LXIOR IG CAUSE OF | | | 26 19 85 | Sub | priect | stabl | bed | | | | | | • |
| | MEDICAL | 21d INJURY O | | STREET FAC | OF INJURY | (AT HOME, | 21f. LOC. | | | | CITY OR TO | WN | | COUNTY | | STATE |
| | - | AT WORK | NOT WHILE | X 1 | tment | | 331 | 11 Wa | lters | Lane | | | ville | | G., N | _ |
| | - 1 | 22a. I certif | y that I taok char | ge of the remains de | scribed abo | ive, held an | Autopsy | | Inspection | | Inquiry | | and in my | | | |
| | | death resulte | d fram: Natu | ral causes . | Accident | , Suici | | _ | ide X | Undete | rmined mo | anner [|]. | | | |
| | | ACTUAL | Ann | 500 | M | | | TITLE (SI | | | | | | TE | | |
| _ | | SIGNATURE_ | XIVV | XX | 1 | | M.D | Ass | istan | L_MEDI | CALEXAM | AINER | SIC | NED | 2/27/ | 85 |
| 2 | | EXAMINER'S N | NAME | Ann M. D | ixon | MD | | 000000 | 111 1 | Penn | St | Pa. | lto, | MA | | |
| | 23a B | | | 23b DATE | | NAME OF CEME | | CREMATO | | | St. | Dd. | | | | |
| | (5 | Burial | | Mar/7/8 | | armony | | | | CITYO | ndov | er N | / mr | land | _ | ATE |
| | 24. F | JNERAL DIRECT | | | | | | 1 | 250. DATE R | EC'D. BY | REGISTRA | R 256 RE | GISTRAR | | | 4-1-1 |
| | D. | udley, | 5 Fun I | Home/1742 | 5 Ma | ryland | Ave | NE | MAR | 151 | 1985 | 1 tia | Saind | 1-1-A | andelle | St |
| | | | | | | | | | | | | | | | | |



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 24 DATE KNOWN P (TYPE OR PRINT) OF ESTImthony 0 SSICH & AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Oct. 12, 1902 82 DEAD 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNT MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Austria Prince George's WIDOWED L DIVORCED II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS IB CITY OR TOWN OF DEATH OR INDUSTRY FOR MOST OF WORKING LIFE) Chef Temple Hills Restaurant USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20748 Temple Hills Hrince George Maryland 13d. INSIDE CITY LIMITS? 3020 Brinkley Rd. #201 YEST NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME WITH FORM PM.

IT. PAGES 1 AND 2

DIVISION OF VITA Unknown MIDDLE MIDDLE LAST FIRST Unknown Unknown Unknown IT. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 3020 Brinkley Rd. #201 [YES, NO, OR UNKNOWN] No 577-10-8080 Alva T. Stossich Temple Hills, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HEALTH AND MENTAL HYGIENE, I., CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: lever cluste carded our cular de IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE NOT WHILE COUNTY STATE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 224 I certify that I taak charge of the remains described above, held an Autopsy death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez. M.D. ADDRESS 5009 Rayburn Ct., Temple Hills, Md. 234 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Cedar Hill Cemetery Suitland BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATU 6160 Oxon Hill Rd. **DHMH - 17** George P. Kalas Funeral Home Oxon Hill, Md. (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

2 27 6 16, 16 meetrie T.S.A. m10 200 90 20 Tende Hills Locale House Committee C Duryland Trings Jose 1s 1s Fills x 3020 minlisy d. 500 25-10-12-21 3 [O . inilev . . . ol [77-10-8030 277. teseich chile, id. uncial 2/11/85 | Secar Hill Compression .n. lill or wooder . Weles Furer Fore Cook Hill, M.

| | 1. | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. N | 10. | | |
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| | | OR PRINT) L | LLIAN | CLARE | SYKES | L | AST . | 20 D/ | ATE OF DEATH | EB | 16 85 | 7.27pA |
| | 3. SE. | Female | | White 76. CITIZEN OF WHAT COUNTRY? | | June | DAY YEAR | | E JIN YEARS LAST BI | RIHDAY) YRS | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| 15 | | | | | | MARRIE | 8. MARRIED X NEVER MARRIED WIDOWED DIVORCED | | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | |
| | C | TY OR TOWN OF DEA uitland AL RESIDENCE IF NURS | | (IF NOT IN SUC | H FACIETY, GIVE ST | REET ADDRESS) | R OTHER INSTITUTION | 120 U (TYPE HOL | SUAL OCCUPAT OF WORK FOR MOST 1SEW116 | ION OF WORKING | HOM | |
| 200 | 13a. S | at residence in nurs state aryland | 136 COUNT Pr G | Y | GIVE RESIDENCE BE 136. CITY OR T Suitl | erore admission) OWN and | 13d. INSIDE CITY LIMITS | 5? 13e ST 2 (| REET ADDRESS 020 Bro | / ZIP CO | 207 Drive | 47 #835 |
| (Xongine | | THER'S NAME FIRST Willian | | DDIE | Keane | | 15 MOTHER'S MAIDEN FIRST Marga | | WIDDLE | | Dwye | r |
| e medicol | | VAS DECEASED EVER res, no or unknown) NO | (IF YES, GIVE | WAR OR DATES) | 166 SOCIALS | 9 0523 | Arthur M | . Syl | ADDR Ces | | e as #1 | . 3 |
| nen preuse remave condonpuper r to burial, cremation, or remavol. injury, or other traumotic event, th | NOIL | | nediate g the lost. NIFICANT CC | ONDITIONS CO | | QUENCE OF L I | LUNG CANCE | TERMINAL D | | | | |
| 2000 | CERTIFICATION | 19a DATE OF OPERAT | | | | ICH OPERATIO | N WAS PERFORMED | YES | AUTOPSY? | IN CER | YES, WERE FINDIN TIFYING CAUSES YES | OF DEATH? |
| And or hearth | MEDICAL CE | 210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIX 21d. INJURY OCCURF WHILE NOT WHAT WORK AT WORK | AUSE OF DEATH (ALEXAMINER) (RED) | P. 21e PLACE | M. MONTH M. | 19 | 211 LOCATION STREET | CURRED (E | NTER NATURE OF INJU | | 8 PART (OR PART 2) | STATE |
| rept. of Health | | 228 I certify that (I) saw the decease | d plive on_ | | Feb 1 | 9.85 | nd that in (my) (our) opini DEGREE | | | lote and h | nour and from the | |
| APORTANT # | | 224 PHYSICIAN'S NA Pat S | | | | | 220 ADDRESS USAF And | N DIRE | CTOR PHYSE | CIAN | | 20331 |
| 1 2 | | BURIAL, CREMATION, SPECIFY) Burial | L | 236 DATE 21Fek | 1985 | Arling | emetery or cremato ton Natio | nal | CUYOR LOWN Arlin | gtor | n ^{county} ir | giniä |
| M 4/83 | 24. FI | NERAL DIREC RO D | ert I tland | E Wilh d Mar | elm Fi yland | uneral | Home | PATE REC'E | D. BY REGISTRA | 236 REG | STRAR'S SIGNAT | MERCOL |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

